



**Staying Connected:  
Peer-run Community Organisations  
and their Contributions to  
Older People's Perceived Health and Wellbeing**

Rowena Marion MacKean

OAM MA (Oxon) MEd (Tas)

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### **Acronyms used in the study:**

ABS	Australian Bureau of Statistics
AIHW	Australian Institute of Health and Welfare
COTATas	Council on the Ageing Tasmania
DCAC	Democratic Change Advisory Council (Tasmania)
DoE	Department of Education, Tasmania
DHHS	Department of Health and Human Services (Tasmania)
DPAC	Department of Premier and Cabinet (Tasmania)
NHPAC	National Health Priority Action Council (Australia)
OECD	Organisation for Economic Cooperation and Development
TasCOSS	Tasmanian Council of Social Services
UN	United Nations Organisation
WEF	World Economic Forum
WHO	World Health Organisation

### **Spelling and punctuation:**

Spelling follows UK/English conventions except when spelled otherwise in quotations.

Where the actual words are given in extracts from interviews, they are differentiated from the rest of the text. Long quotations are indented and italicised. Short quotations are incorporated in the text and marked by single quotation marks and italicised. Words or phrases emphasised by the speaker are printed in bold. Ellipsis points are used to indicate where words have been omitted within a quotation.

The code number for the speaker is given in brackets after the quotation. Group participants are coded by a pseudonym and an indication of gender and age, e.g. Sally (F 77). Service providers are coded by a number e.g. SP14.

Quotations from journal articles and reports are marked by single quotation marks but not italicised. Longer quotations are indented. Ellipsis points indicate where words have been omitted. Square brackets indicate a word or phrase substituted for the original or to make the context clear. Author(s) and year of publication follow.

### **Definitions of terms as used in the study**

#### **Authority/authorities**

Used as a general term for government, organisation or other body with responsibility for and power to impose financial and other conditions on others.

**Autonomy/independence/self-governance**

Personal freedom of choice and the maintenance of control to conduct one's own affairs, in contrast to dependence on others. The groups in the study are seen as autonomous because they are run by their participants rather than by outsiders or paid staff.

**Community**

The word is used in two senses in the study. It is an umbrella term for people sharing some characteristics and affinities, particularly for those living in a neighbourhood such as the study area or its subdivisions. It is also used to describe the feelings of belonging and sharing that promote wellbeing, as in the participants' experiences in the group.

**Community group**

Used as a broad description of the local voluntary groups offering a variety of leisure activities that are the subject of this study, as distinct from large charitable or philanthropic organisations using volunteers.

**Demographic change**

The recent unprecedented increase in the numbers and proportion of older people worldwide, the result of longer life expectancy and lower birth rates than previously.

**Group/organisation**

'Group' is the term chosen to describe the regular gatherings for leisure activities to which the study participants belonged. The groups are distinguished from 'organisations' - used in the general sense of formal structures such as government and business and the larger Third Sector organisations.

**Learning**

Acquiring and practising new knowledge, skills and attitudes. 'Informal learning' is used to describe the shared and often incidental learning found in the groups. It contrasts with the formal learning or education characteristic of schools, universities and training institutes.

**Leisure/leisure activities**

Time at one's own disposal, rather than the obligated time of paid work.

'Leisure activities' describes the individual's free choice of activities and occupations undertaken for pleasure, interest and satisfaction.

'Leisure activities' and 'leisure occupations' are used in this study as general descriptions of the different ways in which those no longer in the paid work force spend their time, and in particular of their voluntary participation in a community group.

**Local government area**

The Australian state of Tasmania is divided into 29 areas, each administered by an elected local council. 'Clearview', the chosen research area, is a local government area in the south of the state.

**Municipal council**

The third level of government in Australia, local government, is responsible for administering a

local government area. Municipal councils are made up of representatives elected by rate-paying residents of the local government area. A paid workforce of Council puts Council policies into practice.

### **Older people, older age**

These terms are used in the generally accepted sense of the generation who have left the paid work force for reasons of age. In chronological terms, it generally applies to those aged 65 and over, since this is currently the age at which Australians are eligible to apply for the old age pension. 'Older people' was chosen for this study as being the least pejorative description of the generation cohort of people in the later stages of their lives.

### **Peers/peer group/peer-run**

'Peer' is used in this study for those in a similar generation cohort or lifestage, as in 'third age'.

'Peer' also implies similarities in life experiences.

'Peer group' is used in two senses: to describe the groups participating in the study which consisted wholly or mainly of older people/ third agers. It is also used more generally to describe those in the same lifestage. Peer-run groups are those organised by their members, who are in same generation cohort.

### **Retirement/post-paid-work**

The term 'post-paid-work' is used as an alternative to 'retirement', as a more accurate description of the active lifestage when freed from the commitment to paid employment in older age.

### **Society**

The word is used in the study to describe the customs and organisation of the national or international community. In this study, the phrase 'society and the economy' is used to describe the financial, social and administrative responsibilities of the government and people of a country.

### **Third age/third agers, fourth age**

These terms are used as more specific descriptions of lifestages than the general terms 'older people, older age'. They are adopted from Laslett's (1989/1991) concept of four lifestages, where 'older age' is seen as two stages – third age and fourth age – and as a description of status and individual capacity rather than chronological age. Laslett's concept of the four lifestages and in particular the third age is reviewed in Chapter Two section 2.8.4. Third agers are the generation cohort that is the subject of this study.

### **Third Sector**

A general term for the diverse organisations which are voluntary – unlike the public sector, and not for profit – unlike the business sector. The community groups that are the subject of this study are part of the Third Sector.

### **Volunteer/voluntary**

Volunteers offer their services without charge or payment, as in helping in a community group. Voluntary community groups are those to which a person may choose or not to belong, and where administration and other services are carried out by members volunteering their help

without monetary reward.

### **Wellbeing**

Wellbeing is generally recognised as a multi-dimensional concept, seen as satisfaction averaged over a number of domains (Maher & Cummins, 2001). Definitions of older people's wellbeing and the components of wellbeing identified in the literature are discussed in Chapter Three, 3.3. 'Wellbeing' is used in the study to describe the subjective 'feel good' satisfactions sought by group participants.

### **Work/paid work**

The phrase 'paid work' is used to describe the lifestage of paid employment that Laslett (1991) calls the second age. 'Work' is used in the general sense of 'activity' or 'occupation', in order to include voluntary work, study, family care, domestic chores and other unpaid work.

## **Abstract**

The recent increase in the number and proportion of older people worldwide has prompted a search for new policies and practices to help them remain active, happy and healthy participants in their community. Although older people's wellbeing is a well-researched topic, there has been little or no research into where, when and how they can most easily find opportunities to observe, learn and practise strategies that lead to feelings of wellbeing. This study explores a prevalent but under-researched area of older people's activities that is likely to be an important contributor to the search: their participation in groups run by and for their peers.

The study's aims are to identify the common characteristics of different groups run by and for older people and the ways in which they contribute to their participants' feelings of wellbeing. It appears to be the first study to examine the range and variety of older people's peer-run groups throughout a local government area, supplementing previous research that focused on one type of group.

The chosen methodology, mixed methods, uses an explanatory sequential research design (Creswell, 2015): a survey sent to a range of older people's groups in a designated area, followed by semi-structured interviews with current participants in nine of the groups and with relevant service providers. Data were analysed by an iterative thematic process integrating the qualitative and quantitative data. Theories used in interpretation of the data include Lifespan Theory (Baltes, 1987), Atchley's Continuity Theory (1989) and Laslett's concept of four lifestages (1989, 1991), particularly his concept of a third age as an era of active independence after leaving paid work.

The study finds that older people's peer-run groups have both a manifest and a latent function in promoting their participants' feelings of wellbeing. The manifest function is to fulfil their

participants' need to restore or replace life satisfactions that have changed or diminished in their transition to older age. Interviewees interpreted the satisfaction of these needs as an expression of their personal concepts of 'wellbeing'. Furthermore, *all* the groups were found to play a role in their participants' feelings of wellbeing regardless of the activity offered.

The groups' latent function is to help satisfy their participants' dual needs for independence and support. Older people's peer-run groups are found to be both a resource of experiential knowledge and an arena where strategies for successful ageing can be observed, learned and practised in an atmosphere of sharing and reciprocal support.

The study then identifies the characteristics that enable older people's peer-run groups to satisfy their participants' needs and interests. Three enabling factors are found within the groups: *voluntarism*: the free choice of participants to choose which group to join and the extent of their involvement; the *lifestage* of the participants, with the predominance of one generation cohort, the third age; and *self-governance* of the groups by their members. The fourth enabling factor is *outside assistance* from other organisations in domains where the groups are under-resourced, such as the provision of suitable and affordable places to meet.

The study concludes that, in this time of rapid demographic and social change, the groups run by older people for their peers are a manifestation of the new and growing lifestage cohort: neither older paid workers nor dependent elderly but the third age. The peer-run groups act as a resource and a focus of this emergent generation cohort's unique contribution to their own wellbeing and to the wider community. These findings on the third age cohort and their groups have important implications for the development of policies and practices to improve older people's wellbeing, by recognising their potential for contributing in their own way to society in the twenty-first century.

## Foreword

The background to this study is a twenty-five-year-long journey of exploration and discovery as the author made the transition to a new lifestage: the post-paid-work or third age (Laslett, 1989, 1991).

During this journey I have begun to understand:

That to live well in my new lifestage I must learn to adapt and cope with personal and environmental change: change in life expectancy, in lifestyle and social status, in mental and physical capacity, in the community, and in policies and practices affecting my generation;

That unlike other learning situations – family, school, workplace – there are few or no systems, studies or guidelines. But that many others are daily facing the same dilemma;

That one way to learn to cope with change is through shared experience – to share and learn from others, to observe, practise and follow examples of successful adaptation;

That one place where I found this shared learning was through my participation in local community groups run by older people for their peers.

Participation helped to satisfy a need for me; I wanted to explore the range of ways that group membership works for all its members. I wanted an answer to the question: ***Why do older people join groups?***

.....

## **Chapter One    Exploring older people's peer-run groups**

### **1.1    Introduction**

The extended lifestage the author is living through is becoming increasingly common in the 21<sup>st</sup> century. Until recently, old age often lasted only a few years after leaving paid work, but life expectancy has now greatly increased (Australian Bureau of Statistics ABS, 2011a) as one of the causes and consequences of worldwide demographic change. This has led to a rapid and unprecedented growth in the number and proportion of older people in the world.

The greatly extended lifespan has led to a reconceptualisation of ageing into two stages, for instance in Laslett's (1989/1991) theory of lifespan development. Laslett's third age is the first period after leaving the second age of paid work and raising a family, while the traditional view of old age as 'an era of final dependence, decrepitude and death' (p.4) he calls the fourth age. Contrary to the generally accepted view of middle adulthood as the most important stage of life, Laslett sees the third age as: 'the age of personal achievement and fulfilment... during which the apogee of personal life is achieved' (1991, p. 4).

This study focuses on one third age activity – participation in a peer-run community group. It explores the hypothesis that *older people's peer-run groups make a major contribution to their participants' wellbeing*. Although older people's wellbeing is a well-researched topic, there is much less known about how, when and where older people can most easily find the satisfactions they need to create and maintain their feelings of wellbeing. By exploring the link between participation and wellbeing, this study fills a gap in our current knowledge of older people's wellbeing.

The study then identifies the characteristics of older people's peer-run groups that enable them to satisfy their participants' perceived needs. It outlines the different roles the groups play in their participants' lives and in the wider community, and explores the implications of the findings for policies and practices that can promote older people's wellbeing.

The research problem underlying this study is the perceived lack of understanding or recognition of the new 'older people' – neither potential older workers nor the frail elderly but active independent third agers. The need for society to recognise the existence and growing prevalence of the third age, to develop and cater for its characteristics and its needs, and to make use of its unique contributions, is the incentive for the study.

### **1.2    The context of the study**

This study of the role of older people's peer-run groups is explored in the context of social and demographic change in the 21<sup>st</sup> Century and its implications for the wellbeing of older people.

In the policy domain, demographic change has been called both a triumph and a challenge (WHO, 2002, p. 6), as governments at all levels have responded to population ageing. At a



global level, the United Nations (UN) has consistently advocated a positive response to ageing and older people, based on its recognition of universal human rights. For example the UN International Year of the Older Person in 1999 encouraged the development of policies at national levels. In Australia, new age-related policies have been developed promoting 'Positive Ageing' at Federal, State and local government level (National Health Priority Action Council NHPAC, 2009). Such policies in Australia and globally show an increasing emphasis on encouraging older people to take an active role in maintaining their health, in line with research into health and health behaviours (Huber, Knotterus, Green, Van der Horst, Jadad, Kromhut et al., 2011; Levy & Myers, 2004; Tucker, Klein & Elliott, 2004).

International and national policies on population ageing are underpinned by theories which seek to explain the ageing process. Like the policies, theoretical understandings have changed and developed over the past half century, influencing and reflecting the changes in attitudes towards ageing and older people. Theories proposed in the 1960s saw ageing either as a period of unavoidable decline and retreat, as in Cumming & Henry's (1961) Disengagement Theory, or, in Havighurst's (1961, 1963) Activity Theory, as a continuation for as long as possible of the activities and attitudes of middle age as a way to postpone the ageing process. Both theories appeared to discount the view of older age as a different lifestage with its own positives and satisfactions.

More recent theories of ageing from the 1980s onwards have taken a broader view of the life course, recognising that life is an alternating pattern of stability and change, loss and gain, from birth to death (Baltes, 1987; Baltes & Smith, 2003). Atchley's Continuity Theory (1983, 1989) takes the life course concept further, recognising that change and adaptation takes place within the context of internal and external continuity. Continuity Theory is used to support the findings in the current study on the role of the peer-run groups in helping their participants to adapt successfully to personal and societal change.

In a further development of lifestage theory, Laslett (1989/1991) proposed two ideas of particular value to the current study which help to account for the changes in ageing resulting from the increase in life expectancy. The first idea is that older age can be seen as encompassing not one but two lifestages which Laslett calls the third and fourth ages. The second idea, contrary to previous theories of ageing, is that the third age, after leaving the paid work force, is the time 'during which the apogee of personal life is achieved' (1991, p.4).

More recent research has confirmed a variety of internal individual changes in the lived experience of ageing in the 21<sup>st</sup> century: in health (Rozario & Derienzis, 2009; Sargent-Cox, Anstey & Luczc, 2010); in family circumstances (Walters & Bartlett, 2009); in social relationships and daily activities after leaving the paid workforce (Rubin, Bukowski & Laursen, 2009; Nummela, Sepannen & Uutela, 2011).

There are external impacts on the experience of ageing too, as in the rapid societal and technological changes of the present time: for instance, the growth of urban living, the emphasis on recruiting women into the paid workforce (Gray, 2009), and the widespread use of the internet and social media (Van Volkom, Stapley & Amaturro, 2014). Research has shown that the ability to cope successfully with personal and societal change varies considerably among older individuals depending on personal characteristics and circumstances (Townsend, Godfrey & Denby, 2006; Wurm & Benyamini, 2014), but all these changes have been found to impact on an older individual's feelings of personal adequacy and wellbeing.

There is a considerable body of research into older people's feelings of wellbeing and the factors that influence it (Gabriel & Bowling, 2004; Diener, 2012). Wellbeing is generally accepted to be multi-dimensional (Wiggins, Hyde, Higgs & Blane, 2004), with the importance of the different components varying between individuals and over time (Pinquart & Sorensen, 2000). A theory that takes account of this diversity of wellbeing, Self-Determination Theory (Deci & Ryan, 1985, 2008) explains wellbeing as *the satisfaction of needs*. Need satisfaction as a factor in achieving wellbeing has been explored in studies of older people's wellbeing (Wiggins et al., 2004; Kirkland, Karlin, Stellino & Pulos, 2011) and has been widely adopted in health policy and practice (Godfrey & Callaghan, 2000; Ferrand, Martinent & Durmaz, 2014).

Underlying the policies and theories is the understanding that people of all ages seek to lead a life they find satisfying and fulfilling, though the components of their satisfaction vary over time and between individuals. This study adopts the concept of wellbeing as the satisfaction of needs as the underlying explanation of why older people decide to join a community group. However, the study finds that very little is known about the groups in the community that are run by and for older people. Apart from the writer's previous study (MacKean, 2010), the only studies found are of two types of group catering for a particular clientele: Men's Sheds (Golding, 2009, 2011) and Universities of the Third Age U3As (Swindell, Vassela, Morgan & Sayer, 2011). There are gaps in our knowledge of the *range* of older people's peer-run groups, their structure, governance and purpose, which this study attempts to fill.

### **1.3 Study aims and questions**

This study aims to fill a gap in our understanding of older people's wellbeing by suggesting one way by which they can observe, learn and practise the skills and strategies they need for maintaining their wellbeing in their new lifestage: by participation in a peer-run group.

Firstly, it seeks to identify the common characteristics found in a range and variety of groups run by and for older people in a discrete locality.

Secondly, the study examines how the group characteristics affect the way that their participants feel about themselves, how they cope with the lifestage they are now in, and their satisfaction with their lives. This is explored in the context of the multi-dimensional concept of 'wellbeing'.

Thirdly, if, as this study argues, these groups now and in the future will continue to play a role in promoting older people's feelings of wellbeing, it explores current policies on ageing and older people's wellbeing and compares them with older people's views. The study concludes with discussion of the implications of the findings and suggestions of policies and practices to promote older people's feelings of wellbeing.

To address the aims of the study, three research questions were developed:

1. What are the characteristics of older people's peer-run groups?
2. How do these groups contribute to their participants' perceived health and wellbeing and in what ways?
3. What are the practical implications of the research findings for policies and practices that promote older people's health and wellbeing?

#### **1.4 The research design**

The location chosen for the study was a local municipal government area in the Australian state of Tasmania. This choice defined a specific area for study and allowed the researcher to explore the local government's policies and practices for its older residents.

In order to fulfil its purpose of examining both the characteristics of peer-run groups and the perceived effects of participation, the study used a mixed method in an explanatory sequential design (Creswell, 2009, 2015). A number of methods were employed including a survey questionnaire and semi-structured interviews. A quantitative questionnaire survey to a range of older people's groups in the selected locality was followed by qualitative studies – in-depth interviews with a sample of group participants and with purposively chosen service providers.

The data were coded, and analysed through continual iterative examination and evaluation. Quantitative and qualitative data sets were integrated at several points of the analysis (Fetters, Curry & Creswell, 2013), and woven together in the final report on a theme-by-theme basis (Classen, Lopez, Winder, Awadzi, Ferree & Garvan, 2007).

#### **1.5 The significance of the study**

One of the conclusions that Laslett (1991) reached in his discussion of the lifestage he named the third age is that, because of the rapid transformation of society through the increase in healthy longevity, our responses to ageing in the modern world also need to change. Policies and institutions created to cope with the frail elderly ignore 'the great majority of retired people who present no problem at all' (1991, p. 2). This suggestion is echoed elsewhere, for instance, Settersten & Trauten (2009) stress the importance of examining social institutions and policies that may lag behind and need to be re-architected to reflect demographic change. This structural lag (Riley & Riley, 1994) can mean that the influence of the change on those living in their later

lifestage and on wider society is not always recognised in policies and practices. There is a clear need to rethink policies on older age and to seek out and incorporate the views of those most affected – older people themselves.

Another factor in the making of policy in the 21<sup>st</sup> Century is the world-wide move away from the Welfare State (Thorslund & Silverstein, 2009; Trydegard & Thorslund, 2010) to neo-liberal ideas of small government and free enterprise, where the individual citizen is expected to make a contribution even in older age (Conway & Crawshaw, 2009). The study makes some suggestions on the particular contributions that third agers and their groups can be expected to make.

More specifically, this study points to a way for older people to satisfy their search for wellbeing. The study finds that participation in a peer-run group satisfies older people's needs in two ways. The groups have a manifest function in offering older people opportunities for social interaction and social support, enjoyable and stimulating activities and a sense of meaning and purpose at an affordable cost and at a time of day that suits them. The groups are found also to have a latent function: helping their participants to learn strategies to adapt successfully in the transition to older age, and to lead active, meaningful lives in their new lifestage. The peer group is both a resource of experiential knowledge from others in the same generation cohort and with similar life experiences, and an arena where participants can observe, learn and practise strategies for successful ageing in an atmosphere of sharing and support.

The study argues that by filling gaps in our knowledge of these groups we can recognise the valuable role that older people's peer-run groups already play in the community - as a readily available resource, a source of wellbeing which satisfies third agers' desire for self-fulfilment and independence and which operates at very little cost to the community or the economy.

**This study contributes to our understanding of 'older people' in the 21<sup>st</sup> Century as neither 'older workers' nor 'dependent elders' but third agers. The findings of the study can contribute to the development of new policies and practices in health, education and social welfare that will recognise older age as a distinct lifestage and acknowledge and make use of its unique contribution to society.**

## **1.6 Thesis structure**

The thesis consists of eight chapters which are summarised below.

**Chapter One: *Introduction: Exploring the role of older people's peer-run groups*** introduces the study with a statement of the aims that prompted the research. The study is set within the wider context of demographic and social change in the 21<sup>st</sup> Century, then the focus of the study, the research design and the significance of the findings are outlined. The chapter concludes with a summary of chapter contents.

**Chapter Two: *Ageing in the twenty-first century*** reviews relevant literature on three aspects of the topic of ageing: first, demographic change and its implications, outlining governmental responses and policies at global, national and local levels. The second section explores older people's own views on their lived experience of ageing in the 21<sup>st</sup> century. The final section of the chapter discusses recent theories of ageing and their relevance to the changed nature of ageing.

**Chapter Three: *Older people's search for a satisfying lifestyle*** continues the review of literature on aspects of ageing. It examines the concept of wellbeing in older age, the components of wellbeing identified in the literature, and the strategies older people have been shown to use to maintain their feelings of wellbeing. The review finally explores what is known about a particular aspect of ageing: the community groups to which older people belong. The review places these groups in the context of community organisations, then examines what is known of peer-run groups and their characteristics.

**Chapter Four: *Exploring older people's groups: Research methodology and methods*** discusses the research methodology chosen: mixed methods research in an explanatory sequential design (Creswell, 2015), its strengths and weakness and the reasons for using it in the study. The chapter then sets out the research method: the choice of the research setting, the three phases of conducting the research and the analysis and integration of the data.

**Chapter Five: *Findings on older people's participation in peer-run groups*** examines the data on the participants' reasons for deciding to join a group, finding that a combination of different reasons influenced their decision. These are identified as a search to renew or replace personal interests: for social interaction and social support, for enjoyable, meaningful activities, for meaning and purpose, and for convenience and affordability. The chapter then explores interview participants' understanding of the concept of 'wellbeing and links it with the findings on their feelings of satisfaction with participating in the group. The chapter offers a response to the research question: *How do these groups contribute to their participants' perceived health and wellbeing and in what ways?*

**Chapter Six: *Findings on the characteristics of older people's peer-run groups*** identifies the factors that enable the groups to satisfy their participants' perceived need for wellbeing. Three characteristics within the groups are identified: the voluntary nature of group participation, the predominance of an older lifestage and the governance of the groups by their members. Findings on the fourth enabling factor, the outside assistance the groups receive, and the motivations for giving and receiving such assistance, are outlined with examples. The chapter also outlines findings on issues arising in the course of the interviews: the future for older people and their peer-run groups in a time of change. The chapter offers a response to the research question: *What are the characteristics of older people's peer-run groups?*

**Chapter Seven: *Older people's groups and the satisfaction of their participants' needs*** examines the findings on the components of wellbeing as experienced in the groups, and discusses the relevant literature. The finding that the participants equated wellbeing with the satisfaction of their needs suggests the adoption of a theory which is seen to encompass the diverse components of older people's wellbeing: wellbeing as the satisfaction of needs (Deci & Ryan, 2000, 2008). The chapter offers a response to the research question: *In what ways do these groups contribute to their participants' perceived health and wellbeing?*

The chapter then suggests an explanation for the link between older people's perceived needs, group participation and their feelings of wellbeing. Using Continuity Theory (Atchley, 1989), it explores the suggestion that the groups adapt and incorporate characteristics from earlier life stages, so enabling their participants to experience the reassurance of continuity in their lives while learning the strategies for change.

**Chapter Eight: *The role of older people's peer-run groups: Implications of the study*** revisits the findings in order to shed light on the roles that the peer-run groups play in their participants' wellbeing and in the wider community and on the characteristics that enable the groups to fulfil their members' needs and interests. The implications of the findings for policies and practices that promote older people's wellbeing are discussed.

The limitations of the current study are outlined. The chapter ends with suggestions for policy directions and for further research in the light of the study findings.

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## Chapter Two Ageing in the twenty-first century

***‘One of humanity’s greatest triumphs. It is also one of our greatest challenges.’***

(World Health Organisation, 2002, p. 6).

### 2.1 Introduction

This chapter provides a review of current published literature exploring aspects of ageing in a time of demographic and social change. It sets the scene for the topic of this study: the role of older people’s peer-run groups in their participants’ wellbeing. Three aspects of ageing are reviewed: first, demographic change and the policies and practices created in response at a global, national and local level. At a national level the focus is on Australia, with a local focus on the state of Tasmania, including the municipality where this study was conducted. The section traces the development of underlying common principles and procedures that reflect changes in attitudes towards ageing and older people.

The second section explores older people’s own views on their experience of ageing in the 21<sup>st</sup> Century. The final section of the chapter discusses recent theories of ageing and their relevance to the changed nature of ageing.

The review aims to create an understanding of the background to the study’s origins, findings and discussion, in particular to the issues forming the basis for the research question: *What are the practical implications of the research findings for policies and practices that promote older people’s health and wellbeing?*

### 2.2 The dimensions of demographic change

The 21<sup>st</sup> Century is seeing a rate of global population ageing without parallel in past history (United Nations, 2009, 2015; Higo & Williamson, 2012). Life expectancy has increased and birthrates have generally declined in almost every part of the world; as a result, the number and proportion of older people has increased. The World Health Organisation projects that by 2020 there will be more people aged over 60 in the world than children younger than five (WHO, 2015, p. 1). Between 2015 and 2050 it is projected that the proportion of the world’s population aged over 60 will nearly double, from 12% to 22% (WHO, 2015, p. 1). The median age world-wide in 2014 was 29.7 years, and this is estimated to rise to 37.9 in 2050 (WHO, 2014). In Australia, the site of this study, the median age is already 37.3 years (ABS, 2014a).

In Australia there has been an increase over the past 40 years in the number of older people to 14% of the total, largely because the post-war baby boomers were reaching ‘retirement age’ of 65 years. In that same 40 year period the number of those aged 85 and over has more than doubled (ABS, 2011a, 2012).

The unprecedented increase in longevity is seen to be largely a result of the general rise in health and safety standards (WHO, 2008). Universal health care, social welfare services for people from babyhood to old age, better nutrition and sanitation, the elimination of epidemic diseases such as poliomyelitis, and virtual control of others such as measles and tuberculosis, are now the norm in most First World countries. It is likely that medical technology and more effective approaches to the care of older people will increase life expectancy even further (Harms, 2005). Another reason for the increased proportion of older people in Australia is the decline in the birth rate; the number of babies born per woman in 2014 was 1.80, a decline of 17.9% since 2004 (ABS, 2014a). Thus the changes outlined here concerning the current older age cohort - the first generation for whom the 'social time clock' has changed so dramatically (Hoyer & Roodin, 2003, p. 403) - are likely to become the norm in future demographic patterns (Biggs, 2006).

Greater life expectancy has resulted in changes not only to the length but also to the very nature of old age (Neugarten, 1974). For the first time in human history, people are living for twenty or thirty years after leaving paid work while still maintaining their capacity for leading an active and independent life (Gilleard & Higgs, 2005). The changed nature of life beyond paid work has led to the concept of the *third age* (Laslett, 1991).

Using the example of Australia, trends from the 2011 National Census show that 93.6% of people aged 65 years and over lived in 'private dwellings'; 98.5% of those aged 65-74 and 93.9% of those aged 75-84 were still living in private dwellings (ABS, 2013). Of the 6.4% aged 65 and over in 'non-private dwelling', most (67%) were in nursing homes. Further information from the Census reveals that the number of older people in care is very low - 1.5% - for the 65-74 age cohort and 6.1% for the 75-84 cohort. Only after 85 years of age does the proportion of people in care rise to 15% and continue to rise thereafter. It appears from these figures that, in Australia at least, many older people today continue to lead independent lives in their own homes well into their 80s.

This long period of active independence contrasts with retirement in previous times. When only a few people survived for long after leaving paid work, there was little provision for a pleasant lifestyle. Even after World War Two, research in England showed that retirement for many men was: 'little better than waiting to die; they found no substitute for the companionship, absorption and fulfilment of work' (Townsend, P. 1963, p. 169). In contrast, numbers in the post-paid work era have increased and continue to increase. For example, male life expectancy in Australia in 1962, the time of Townsend's comment, was 67.9 – very little higher than the usual retirement age of 65. By 2015, male life expectancy in Australia had increased by 25 years to 80.4 (ABS, 2014c; ABS 2016).

### **2.3 Policy responses to demographic change**

The widespread and profound effects of demographic change have necessitated the development of new social and economic policies and practices at every level of government.



Demographic change has drawn an ambivalent response from policy makers and commentators. Societal aging is seen as a result of successful policies and social trends, but as Daniels, one of the authors of a World Economic Forum (WEF) Report entitled *Global Population Aging: Peril or Promise?* ) points out: ‘success often creates new problems or sharpens old ones’ (Beard, Biggs, Bloom, Fried, Hogan, Kalache & Olshanky, 2012, p. 29)

A fundamental dilemma for policy makers at all levels of government is that policies for older people today have to cater for a wide range of ages after leaving paid work, and more importantly a great range in individual capacities. Consequently there is a wide range of individual experience in the transition from paid work: leaving paid work altogether, moving to part-time or casual work or to paid work in another sphere (Pocock, 2003; Stebbins, 2004). At one end of the scale are the active and independent older people, who might be encouraged to return to the paid work force or to take part in ‘productive’ activities such as volunteering. At the other end of the scale are those needing full-time residential care. Between these two points an almost infinite number of gradations exist where encouragement and assistance may be needed (Harms, 2005; Schuurmans, Steverink, Lindenberg, Friswijk & Slaets, 2004).

The need to create policy responses for such a range of demographics while maintaining social and economic viability has led to much discussion among policy makers around the world. For instance, the WEF report (Beard et al., 2012) explores the themes of ‘peril or promise’ in a wide-ranging discussion of the problems and opportunities inherent in world-wide demographic change. The WEF report was prepared by a volunteer group of 35 global experts as part of the long-term work of the Global Agenda Council on Ageing, under the auspices of the World Health Organisation.

This review now follows the ‘peril or promise’ theme as discussed in the WEF report and in subsequent articles on the scholarly literature.

### **2.3.1 ‘Peril’ in demographic change**

Since the 1980s and 1990s discussions on demographic change have often taken a problem-focused view of ageing, warning of an old age crisis (World Bank, 1994), and a demographic tsunami (Schulz & Binstock, 2008) brought on by ‘the impending flood of baby boomers entering retirement’ (Ehnes, 2012, p. 18).

Two main economic ‘perils’ of demographic change are presented in the WEF report (Beard et al., 2012) and are found in other sources (e.g. Tisch, 2015; Piachaud, 2015). The first is the disproportion of ‘productive’ (i.e. employed) workers to those no longer contributing to the economy through their (paid) work and taxes, and, second, the foreseen increase in health expenditure as greater numbers of older people require more health care. The implications of these ‘perils’ or problems for ageing policy are succinctly summed up by Myck (2015), who acknowledges the importance of economic fiscal factors in the development of appropriate government responses to ageing:

Increases in life expectancy, and the slower but equally important growth of healthy life expectancy, must be matched by adaptations of eligibility for public retirement pensions, and by extended labour market activity. (2015, p.3)

Ehnes (2012) puts forward similar fiscal arguments in his chapter in the WEF report entitled *Ageing and Financial Insecurity* (Beard et al., 2012, pp. 18-20): specifically the perceived need for a reassessment of official retirement ages and modifications to company policies to allow for (paid) work after retirement age is reached. The introduction to the report (Beard et al., 2012, p. 7) offers a menu of policy responses which includes both regulations and incentives: raising the legal age of eligibility for retirement benefits and also encouraging businesses to employ older workers.

Economists (for example, Myck, 2015; Bielecki, Garaus, Hagemeyer & Tyrowicz, 2016) continue to discuss the need to increase minimum eligible retirement age and to change pension systems to increase productivity, seemingly viewing older people's role in society solely as that of a continuation of paid employment. But the issue of older people remaining in or returning to paid work has raised other concerns - about older people's employability, their work conditions, their need for training or retraining, and the willingness of employers to take on older workers – all of them factors that have been shown to sway older people's decisions about retirement (Tisch, 2015; Dal Bianco, Trevisan & Weber, 2014).

In a later discussion of the need for a comprehensive public health response to population ageing, two of the editors of the WEF report, John Beard and David Bloom feared that raising the retirement age could create inequities because older people vary greatly in their functional variability; low socio-economic status, poor health and limited access to alternative employment can cause financial hardship and social distress (Beard & Bloom, 2015). This view is supported in a recent Australian report *Too Old to Work, Too Young to Retire* (McGann, Bowman, Kimberley & Biggs, 2015) which found that although older Australians were being asked to stay longer in the paid workforce, increasing numbers were experiencing long-term unemployment and chronic insecurity in the labour market. The report concluded that current policies – the projected rise in the pension age and a shift towards the self-financing of retirement - mean that many older Australians are facing a highly uncertain and precarious old age.

Writers have deplored this 'deficit' policy view of old age, based primarily on concepts of ill health and incapacity, which carries moral overtones 'in a society that has taught young and old that to work is good and to be healthy is to be "good", while to be ill is to be a burden to society, family and taxpayers' (Sykes, 1995, p. 48). Biggs & Kimberley (2013) argue there is a lack of fit between the policies and older people's identities and expectations which risks 'the submersion of personal age-related priorities under the rubric of economic necessity' (p. 287). This is 'Social Ageism' - the dominance of one age group's priorities over another's: 'Whereas in previous periods, risk to identity lay in exclusion from work, it may now lie in a denial of an alternative' (Biggs & Kimberley, 2013, p. 293). Moody (2001) argues that by encouraging older adults to

build identities on ‘productive ageing’ we change the way that value is attributed to old age; old age is valued in terms of current input to economic processes rather than based on past contributions.

Another demographic ‘peril’ raised in the World Economic Forum report and elsewhere (Beard et al., 2012; Kingma, 2006) is the cost of health care. This is forecast to increase hugely because older people are the most vulnerable to chronic disease, and non-communicable diseases (NCDs) - cancer, ischaemic heart disease, type two diabetes, arthritis, obesity and depression - are now the major form of death and disability (Beard & Bloom, 2015). The WEF report sees population ageing as signaling a ‘tidal wave’ of chronic disease, since one risk factor – age – is non-modifiable (Bloom, Borsch-Supan, McGee & Seike, 2012, p. 36). Other factors are also found to contribute to rising health costs. Increased expectations from service recipients and providers, improvements in standards and expanding technical possibilities have greatly increased the cost of many modern health interventions (Piachaud, 2015). Questions are now being raised as to the sustainability of welfare expenditure generally, because aged pensions and other welfare services for older people represent a large claim on future income and output (Blackburn, 2006), and because its fiscal base is a growth dynamic which is at odds with future environmental change (Bailey, 2015).

Another ‘peril’ factor identified in the research is that the demand for more women to enter and remain in the paid workforce has the effect of diminishing the capacity for family members to be caregivers; there is also likely to be a shortage of trained health care workers (Kalache, Barreto & Keller, 2005).

Although there are clearly economic dimensions that demand consideration, much of the World Economic Forum report appears to see the ‘promise’ of a longer healthier life solely in terms of paid employment. For instance, the options it offers to older people in the introduction (Beard et al., 2012, p.13), listed as ‘opportunities arising from a longer, healthier life’ start with: ‘a longer and more flexible working life’ and ‘a set of people skills that would be valuable for a service-based economy’. Opportunities for caring and family cohesion, particularly for older women, are dismissed as: ‘Unpaid care work. This contribution not only frees others in the workforce ... it currently saves their national economies considerable costs’ (p. 13). It is clear that ‘work’ in this context simply means paid employment, as in: ‘higher levels of labour force participation among older individuals’ (p. 13).

This view of older age discounts or ignores any possibility that older people can and do make contributions to the community in other ways.

### ***2.3.2 ‘Promise’ in demographic change***

In the discussion of ‘peril or promise’ – the problems and opportunities presented by population ageing – other chapters in the World Economic Forum Report (Beard et al., 2012) take a much

more positive view of demographic change and the role of older people, notably in the contributions by the eminent psychologist Laura Carstensen and her colleagues.

After raising the question whether older people will consume resources that would otherwise go to children, Carstensen & Fried (2012) ask: 'Or will older people become the resource children and societies generally so badly need?' (p. 15). Carstensen & Fried see some problems inevitably developing with population ageing, such as old age as a cultural problem, a mismatch between cultural norms, and they recognise that 'towards the end of life, disease and disability are typical' (p. 15). Nevertheless they take the view that: 'just as sure as there is loss, there are gains that come with age' (p.15). In support of this view they cite Baltes & Baltes' (1990b) writings about lifespan development and the need to recognise the gains and losses inherent in all developmental stages. Carstensen & Fried then outline some of the special qualities to be found in older people, including larger vocabulary and knowledge about the world; different problem-solving skills from younger people; and 'greater understanding of the world coupled with emotional balance and improved perspective [which] is for many the definition of wisdom' (p. 16).

Carstensen & Fried (2012) sum up their view of the 'promise' of older age:

We maintain ... that societies top heavy with experienced citizens will have a resource never before available to our ancestors: large numbers of people with considerable knowledge, emotional evenness, practical talents, creative problem-solving ability, commitment to future generations, and the motivation to use their abilities can improve societies in ways never before possible. (2012, p. 16)

The 'promise' theme presented by ageing is continued in the WEF report in a chapter entitled *Social Capital, Lifelong Learning and Social Innovation* (Biggs, Carstensen & Hogan, 2012, pp. 39-41), where social capital is defined as 'accrued content (such as knowledge and information), process (understanding of the ways things interact), and experience (placing single events in a wider perspective)'. Biggs et al. (2012) find that the social capital inherent in older people is often unrecognised in the literature on ageing, arguing that:

It represents a reservoir of accrued investment that has as yet to be fully drawn on ... a considerable resource that lies largely unused, and as such exemplifies a societal failure to adapt to changing circumstances. (2012, p. 39)

Biggs et al. (2012) then identify some of the particular qualities they see that older people possess, including: greater stability and composure than younger people, a greater interest in 'investing in the people and projects that matter most to them' and 'a desire to make a difference using acquired expertise' (p. 40). They cite other qualities that may be enhanced with maturity - 'big-picture thinking, attitudes to risk-taking, cultural know-how, negotiation and social skills, and awareness of the effects of change over time and of cultural continuity' (p. 40) – can also be developed through an adaptive approach to lifelong learning. Although the authors dwell on

older people's potential for remaining in or returning to the paid work force, they recognise that 'social capital provides a wider vision of the productive contribution of older adults' (2012, p. 40) but without detailing what that contribution might be or how it could be used.

Most importantly, Biggs et al. (2012) recognise that a new approach is needed to the issue of ageing and the role of older people in the society of the future:

Demographic change will have an influence that is widespread and will challenge many assumptions about the contributions of older adults. It will affect processes of consumption, production and the environment in which we all live and work. If societies are to adapt, steps will need to be taken to release the social capital that is locked up in its older citizens. (2012, p. 41)

The difference in approach in different chapters of the World Economic Forum Report (Beard et al., 2012) and in other studies reflects the dilemma posed by demographic change and the contrasting solutions offered. The 'peril' view, seeing older people in terms of their capacity for paid work as if they were still middle-aged, or else as dependent and costly elderly, appears to disregard the underlying reality of demographic change – that not simply numbers and proportions but the very nature of 'ageing' has changed. The 'promise' view, recognising older age as a distinct lifestage which can make its own unique contribution to society, is a concept very relevant to this study.

The current study suggests that perceptions of older people's potential contribution are often disguised or disregarded because of the terms used. 'Work' is widely used to describe 'paid work'; there is no general word for older people's contribution other than 'volunteering'. Occupations in the third age are often dismissed as 'leisure activities'.

This review of the context of the study now examines responses to demographic change at world-wide, national and local levels.

## **2.4 Global responses to demographic change**

The United Nations, in accordance with its *Universal Declaration of Human Rights* (1948), recognises the equal and inalienable rights of all members of the human family and consistently advocates a positive attitude towards ageing and older people. However it was not until 1999 that the UN declared the year to be the *International Year of the Older Person* IYOP. This Year promoted greater recognition of the rights of older people, and acted as a spur to the development of policies on ageing and older people around the world, for instance in Europe (Foster & Walker, 2015; Boudiny, 2013), the United States (O'Neill & Pruchno, 2015) and Australia (Commonwealth of Australia, 2015). These policies are based on principles laid down by the United Nations and expressed in the theme of '*Active Ageing*', defined by WHO as 'the process of optimizing opportunities for health, participation and security in order to enhance

quality of life as people age' (2002, p. 13). In other contexts the policy is called '*Ageing Well*', or in the phrase often used by policy makers in Australia, '*Positive Ageing*'.

The International Year of the Older Person was followed by a series of broad and positive recommendations for policies on ageing in the 21<sup>st</sup> Century. For instance, the World Health Organisation's *Policy Framework on Active Ageing* (2002) is based on three Principles: Health, Participation and Security, 'in order to enhance quality of life as people age' (2002, p. 12). It advocates a broad approach to the 'challenges', with 'health, labour market, employment, education and social policies' to support active ageing, and outlines a judicious mixture of idealistic and pragmatic aims and potential outcomes to support its case for the introduction of Active Ageing policies and practices (WHO, 2002, p. 16).

#### ***2.4.1 The promotion of Active Ageing***

In its emphasis on maintaining autonomy and independence as a goal, the WHO *Policy Framework on Active Ageing* (2002) clearly stresses the human rights basis of ageing:

It shifts strategic planning away from a needs-based approach (which assumes that older people are passive targets) to a rights-based approach that recognizes the right of people to equality of opportunity and treatment in all aspects of life as they grow older. It supports their responsibility to exercise their participation in the political process and other aspects of community life. (2002, p. 13)

The Framework specifically links its policy recommendations to life course theories (discussed below, 2.10), stressing that 'interventions that create supportive environments and foster healthy choices are important at all stages of life' (p. 14). It also recognises that 'older people are not one homogeneous group and that individual diversity tends to increase with age' (p. 14). The Framework is an important expression of the United Nations' inclusive and equitable approach to ageing and older people:

Active ageing policies and programmes recognize the need to encourage and balance personal responsibility (self-care), age-friendly environments and intergenerational solidarity. Individuals and families need to plan and prepare for older age, and make personal efforts to adopt positive personal health practices at all stages of life. At the same time supportive environments are required to 'make healthy choices the easy choices. (WHO, 2002, p. 17)

The United Nations approach to demographic change is largely in advocacy for policies and programs that encourage personal responsibility for self-care but that also recognise the need for government and community support that 'fosters healthy choices'. The concept of active ageing emphasises the link between activity and health (WHO, 1994), defining 'activity' as 'continuing participation in social, economic, cultural, spiritual and civic affairs, not just the ability to be physically active or to participate in the labour force', thus stressing a wider concept of older

people's participation in society than the WEF's 'peril' emphasis on paid work (Daatland, 2005; Foster & Walker, 2015). However, an examination of the literature since the WHO Policy Framework on Active Ageing (2002) shows that the concept 'Active Ageing' has been interpreted and practised somewhat differently from the WHO definition.

For instance, Jones & Higgs (2010) found that one of the consequences of demographic change was the potential for greater regulation such as the government-sponsored Positive Ageing promotions of 'fitness' as the new goal for normal ageing and the accompanying 'medicalization of ageing' through increased 'anti-ageing' interventions. Jones & Higgs see a very different prospect of normative ageing, 'one of being caught in a spiral of perpetual and unattainable *fitness*' (2010, p. 1518). It appears that now that medical science *can* achieve so much through intervention, there can be an imperative to *do* it.

The prospect of 'fitness' appears to underlie many of the interventions embodied in *Positive*, *Successful* or *Active Ageing* policies, and the message has been adopted enthusiastically by commercial interests seeking to promote sales of retirement living and seniors travel. McHugh (2003, p.180) examined advertisements and brochures in the USA, finding their positive interpretations and concepts of 'the impossible ideal' of agelessness and successful ageing were guilty of 'rampant if largely unintended ageism', before concluding that:

So-called positive views signify cloaked denials and repressions of the facts of human ageing and old age, are rife with happy delusions that adulate youth and productive adulthood, and fail to accord meaning to the third age and beyond. (McHugh, 2003, p. 180)

McHugh (2003) goes on to cite Cole's (1992) 'magisterial' cultural history of ageing where he points out that images of old age have since the early 19<sup>th</sup> century been split into positive and negative poles: 'a 'good' old age of health, virtue, self-reliance and salvation, and a 'bad' old age of sickness, sin, dependency, premature death and damnation' (Cole, 1992, p. 230). McHugh (2003) finds that 'now a secularized version of the positive pole predominates' but 'these positive stereotypes stand in dialectic relation with enduring negative stereotypes of old age as dependence, decay and disease' (p. 180).

Positive Ageing policies promoting fitness and other avoidances of the signs of ageing could be interpreted as a reprise of Rowe & Kahn's (1997) view of successful ageing as avoidance of disease and disability, maintenance of high physical and cognitive capacity and sustained engagement in social and productive activities. Or they could even be seen as echoing the view expressed earlier by Havighurst (1961): that successful ageing is the maintenance of the activities and attitudes of middle age. This was the view in the 'peril' discussion outlined earlier – seeing older people first and foremost in terms of their ability to remain in the paid workforce, that is, to remain in their second age.

McHugh's (2003) finding that policies can 'fail to accord meaning to the third age and beyond', is illustrated in Foster & Walker's (2015) description of how the policy of Active Ageing has been applied in Europe:

In theory, at least, it emphasized the need for a departure from notions of aging in purely economic terms toward a more holistic approach to include quality of life, mental and physical well-being and social participation. (2015, p. 85).

Foster & Walker's 2015 article lists seven key principles proposed previously by Walker (2002, 2009) as the basis for a comprehensive strategy on active ageing. The first of these principles proposes that 'activity should include all meaningful pursuits that contribute to individual wellbeing', so volunteering should be valued as much as paid employment (p. 87). Other principles advocate preventative health interventions at all ages, the inclusion of all older people including the frail and dependent, but including both rights and obligations (p. 87). The sixth principle is particularly relevant to the current study of older people's peer-run groups because it argues that 'active ageing' should be underpinned by a model of empowerment driven not simply by those in power, the policy makers, but by older people themselves:

Ageing strategies should be empowering from top down, but also with opportunities for citizens to take action from the bottom-up... [and] encouraging older people to be actively engaged with their local communities. (Walker, 2009, p.87)

Foster & Walker (2015) add an eighth principle, *flexibility*: active ageing policies need to assist people to accept changes into their lives (p. 88). In all, the principles proposed by Foster & Walker are valuable for articulating ways in which the 'promise' of demographic change can be put into practice in the twenty-first century; its discussion of 'active and successful ageing' is very relevant to this study of the role of older people's groups in their participants' lives and in their communities.

In practice, however, Foster & Walker find that 'in its current form in Europe, it [the concept of active ageing] overemphasizes [paid] employment' (2015, p.88). This emphasis appears to be another example of the 'lack of fit' (Biggs & Kimberley, 2013) between expectations of ageing in the 21<sup>st</sup> century and current ageing policies.

Another danger inherent in 'top-down' policies promoting active ageing and similar programs is that they can fail to take account of the fact that older people differ from each other, according to their accumulation of resources over their lives, and that individuals change within themselves over the course of a long life (Hoyer & Roodin, 2003). So a one-size-fits-all policy with a two-word title – 'Positive Ageing', 'Active Ageing' – could well exclude those who do not fit its criteria. For example, Holstein & Minkler (2003) in writing about 'Successful Aging' describe it as:



An implicitly normative phrase ... Its very simplicity and apparent clarity mask vital differences and many critical dimensions of what may be described as a liminal state – the condition of moving from one state to another– under circumstances marked by change and uncertainty. (2003, p. 788)

One approach closer to the WHO's (2002, p. 13) definition of Active Ageing cited earlier as 'optimising opportunities' recognises that people have different ideas about what for them constitutes a good life. This is the Capability Approach, expressed by Amartya Sen (1979), developed by Martha Nussbaum (1999) and now incorporated as a strand in the Brotherhood of St Laurence's work towards creating a more inclusive society in Australia (Kimberley, Gruhn & Huggins, 2012). The basis of their approach is to discover what their older service users 'value in life, what enables them to live fulfilled and meaningful lives and what Brotherhood aged services can contribute to this' (Kimberley et al., p. 1). So the services are shaped to the needs of the users and the recognition of what they see as important, rather than imposed as a pattern from above.

This section has outlined some of the different approaches to policies designed to cope with the perceived impact of demographic change on societies and economies. It has shown that while the principles and policies around 'Active Ageing' and its synonyms are useful to this study, there is an ongoing debate about its definition and its application in practice.

The next three sections continue to examine the political and economic consequences of demographic change; they outline the development of policies at national, state and local levels, focusing on Australia as the country and Tasmania as the state where the study took place.

## **2.5 Responses to demographic change in Australia**

Policy responses to demographic change in Australia are influenced by the division of responsibilities arising from Australia's federal form of government: one national (Commonwealth) government, six states and two territories, each with its own parliament and executive. The Commonwealth government has the main responsibility for raising revenue and for social expenditure throughout Australia – pensions, benefits, the national health insurance scheme known as Medicare; health and welfare services are funded directly by the central government, or indirectly through grants and payments to the states and territories. The administration of health care and ageing is divided between the Commonwealth government and the six states and two territories. Hospitals are a State responsibility, though most of their funding is from Federal sources. The social welfare assistance packages, given mainly to older, disabled or disadvantaged people and known collectively as HACC (Home and Community Care) and Home Support Programs (HSP), are jointly funded by the Australian, state and territory governments but managed by the states and territories (Australian Productivity Commission, 2010). HACC 'packages' are designed to help people to cope with their everyday living at home by providing services such as domestic help and transport.

### 2.5.1 Federal policy responses to demographic change

Much of the policy discussion in Australia around demographic change focuses on the economic effects of an ageing population.

A recent Commonwealth of Australia report: *The 2015 Intergenerational Report: Australia in 2055* makes it clear that ‘continuing our economic growth cannot be taken for granted’ (p. 9). The report lists ‘population’ as one of three long-run drivers of economic growth in Australia, together with ‘labour force participation’ and ‘productivity’ (p. 7). It outlines changes in the proportion of people aged 65 and over compared with the number aged between 15 and 64:

The number of people aged between 15 and 64 for every person aged 65 and over has fallen from 7.3 people in 1975 to an estimated 4.5 people today. By 2055 this is projected to nearly halve again to 2.7 people. (Commonwealth of Australia, 2015, p. 9)

The unstated but apparent understanding here is that this is a comparison between ‘retired’ and ‘working’ older people. This is further examined in the report where the authors warn that ‘a lower proportion of Australians working will mean lower economic growth over the projection period’ (Commonwealth of Australia, 2015, p. 10). It suggests that workforce participation should be increased by increasing participation by women and youths ‘and embracing the potential of older Australians’ (p. 10). Statements such as these suggest that the authors of *The 2015 Intergenerational Report* hold a similar view to the economists in the World Economic Forum report discussed earlier – that older people’s ‘potential’ contributions to the national economy will be by remaining in or rejoining the paid workforce.

In 2015, Australia’s annual Federal Budget proposed another change in government policy aimed at keeping people longer in the paid work force, by raising the age at which Australians can become eligible to receive the Age Pension (often equated with ‘retirement age’). The Commonwealth Government proposed to postpone eligibility for the Age Pension from the age of 65 to 67, later to be increased to 70, but the measure has yet (2017) to be passed by the Senate, the Upper House in the Australian Parliament. An Australian report, *Realising the Economic Potential of Senior Australians: Changing Face of Society* (Department of Treasury 2011a), cloaks the economic aim of the change by enthusing about:

The benefits of continued participation in work and the community ... If longer life means more time to be healthy, productive and being able to contribute, then it is indeed a time to treasure. (2011a, pages not numbered).

Another Australian Treasury report with the ageist title *Realising the Economic Potential of Senior Australians: Turning Grey into Gold* (Department of Treasury, 2011b) has eight pages of discussion and recommendations on returning older people to the paid workforce and one short paragraph on: ‘Participation in non-paid work, such as caring (for adults, children or grandchildren), volunteering and other forms of community engagement’ (2011b, p. 21). The

section *Lifelong Learning* lists increasing ‘the employability and productivity of older workers’ as its first aim (p. 29).

This emphasis on paid work as older people’s contribution to society, and on older people’s ‘productive’ role primarily as paid workers, appears to discount the human rights principles of Active Ageing (WHO, 2002). It ignores the major population change brought about by recent increases in life expectancy – the existence and growth of the new lifestage in older age and the needs and aspirations of older people - which underlies and informs the current study.

### **2.5.2 Health and support policies for older Australians**

Keeping older people healthy has both economic and social imperatives which are reflected in Australian health policies for older people. ‘A central plank of the positive ageing discourse is healthy ageing’ (Asquith, 2009, p. 260).

Current health policies in Australia are based on the recognition that the most prevalent diseases now are the non-communicable chronic conditions, particularly among older people (Rozario & Derienzis, 2009; AIHW, 2014). Chronic conditions are not generally life-threatening, though they can significantly reduce the sufferer’s quality of life. They can occur as a result of an individual’s way of life – as the alternative name ‘lifestyle diseases’ implies; the risk factors are often a matter of personal choice, such as smoking, poor eating habits and lack of exercise (Cherry, Walker, Brown, Volaufova, LaMotte, Welsh et al., 2013). Australian research links lifestyle choices to the greatest loss of years of life (National Health Priority Action Council NHPAC, 2006).

Since premature death or the onset of a chronic disease can often be prevented or postponed by adopting a healthy active lifestyle (Kaplan, 2000; AIHW, 2014, 2015), much of the emphasis in Australian health policy and practice is directed to helping older people cope with their chronic conditions and encouraging prevention. However, the need for the promotion of preventive health measures *before* the onset of chronic conditions appears to receive only limited recognition. For instance, the policy document *Australia: The Healthiest Country by 2020* (NHPAC, 2009) combines specific health policies – reducing obesity, the misuse of alcohol and tobacco consumption – with vague and general ‘wellbeing’ recommendations: ‘improved integration in the economy and community’ and ‘better lifestyles’, as having the greatest potential for improving older people’s health (2009, p. 30), but with no suggestions how this wellbeing should be promoted or funded.

Nevertheless there is a discernible trend in some recent health policies in Australia – to recognise a link between health and a good quality of life for older Australians, and also to recognise that older people can play an active role in shaping their own lives and taking greater responsibility for their own health, rather than simply being passive recipients of aid (NHPAC, 2009, p. 30). One example in Australia of this recognition is the recent (2015) introduction of Consumer-Directed Care (CDC), a scheme giving the recipients of some care services greater choice on

how the allocated money will be spent. Consumer-Directed Care models of home-based care appear to give satisfaction to both clients and care-providers. A review of studies of CDC in the United States and the United Kingdom (Ottman, Allen & Feldman, 2013) found that CDC has the potential to empower older people to express preferences and to control the services they receive. By encouraging older people to manage their own health, CDC also helps to reduce care costs (Buntin, Damberg, Haviland et al., 2006).

Consumer-Directed Care is the latest development in Australia in the national *Ageing-in-Place* policy, which aims to keep older people living in their own homes for as long as possible by giving them domestic help and other services. This policy, designed to relieve the economy of the huge cost of residential care, also accords with older Australians' own wishes (Olsberg & Winters, 2005).

A publication by the Australian Institute of Health and Welfare (2013) entitled *The Desire to Age in Place among Older Australians* explored the relationship between older Australians' desire to age in place in different tenure types and their attitudes towards moving and staying. The report used primary data sources from the Household, Income and Labour Dynamics Australia (HILDA) Survey 2001 to 2009, from AIHW housing data repositories and from a major national study by Olsberg & Winters (2005) of older Australians' future housing intentions. That 2005 study, which combined a national survey with a sample of 7000 people aged 50 and over across all regions of Australia with in-depth qualitative research using focus groups and internet chat rooms, found that most (71%) Australians aged 75 and over did not want to move from their home. 'Pleasure in and familiarity with the area and its facilities were regarded as important factors contributing to people's day to day lifestyles' (Olsberg & Winters, 2005, p. viii). The importance of having friends living nearby was often mentioned. Respondents also expressed their suspicions of retirement villages, citing as disincentives the cost, the loss of independence, and the sense of being cut off from the community.

Policies such as *Ageing in Place* have been shown to have both economic advantages - government spends far less than it would for nursing home care - and social benefits, because older people can continue to live independently in their accustomed and preferred surroundings (Eyles & Williams, 2008; Kearns & Andrews, 2005).

Australian Federal policies on health and ageing appear to have moved towards the UN principles of self-help in a supportive environment, but within the constraints of budgetary priorities and political ideology. For instance, a change in Federal government in 2010 saw changes in policies for welfare and older people; a critical analysis of the current (2017) conservative government in Canberra found a reduction in expenditure on health and social services, particularly on primary health care and community development, in line with neo-liberal principles (Baum, Freeman, Sanders, Labonte, Lawless & Javanparast, 2016).

## **2.6 Responses to demographic change in Tasmania**

The changes in national policy on ageing and older people outlined above are also occurring at state level. This review now examines the responses in one Australian state, Tasmania, the site of this research.

The small island state of Tasmania lies south of the Australian mainland. It has the smallest population (511, 200) of the six Australian states, or 2.3% of the national population (ABS, 2015a). Tasmania has the oldest population of all the Australian states and territories, with 16.1% aged 65 and over, and a higher proportion of people aged 45 and over - 44% - than the Australian average of 39% (ABS, 2011b). The median age in Tasmania is 41.6 compared to the Australian median of 37.3 (ABS, 2014a). Age patterns in Tasmania are affected by the outward migration of younger people to greater employment opportunities interstate, and the inflow of older people on their retirement and of those seeking an alternative lifestyle and attracted by the natural beauty of the island, the temperate climate, the low cost of land and houses and the relaxed lifestyle (Demographic Change Advisory Council, 2009; ABS 2014b).

Living in Tasmania has both advantages and disadvantages. This is illustrated in a 2014 case study of Tasmania, issued as part of the General Social Survey conducted in Australia in 2014 (ABS, 2014b). The case study found that Tasmanians are older, poorer, less well educated and less healthy than their mainland counterparts. Tasmanian households have the highest dependence on government welfare, with about a third of households citing government pensions and allowances as their main source of household income. People living in Tasmania are more likely to have a long term health condition compared with those in other states and territories. However, the study also found that in overall life satisfaction, Tasmanians rated their life at a high level, similar to the rest of Australia, and that many Tasmanians enjoy high levels of social capital such as participation, having a say in their community, and general trust (ABS, 2014b).

There have been great changes in policy on ageing and older people in the state of Tasmania in recent years. The watershed year was the International Year of the Older Person (IYOP) in 1999, in which all Australian states took part. A series of IYOP events around Tasmania was organised by a committee of community representatives and individuals, non-government organisations and government departments. One event was a Grey Parliament to which over 200 older Tasmanians assembled in the state capital to debate ageing issues. The Grey Parliament set a precedent for older Tasmanians from all parts of the state to meet and talk about the issues that concerned them.

### ***2.6.1 The development of Positive Ageing Plans in Tasmania***

Tasmanians have been shown to be accustomed to participating and speaking up in their communities (ABS, 2014b). Over the past 20 years, the Tasmanian government and its older citizens have cooperated to produce and implement three Positive Ageing Plans for the state.

The volunteers on the newly formed Positive Ageing Consultative Committee worked with the government's Seniors Bureau to produce Tasmania's first *Positive Ageing Plan 2000-2005* (Department of Health, 1999). Early in 1999, community consultations were held in eight centres around the state; sixty-six organisations and over 200 individuals sent in responses on the theme: *Our Future – Towards Positive Ageing in Tasmania*. The Plan had limitations; most of the recommendations were concerned with health and with input from government departments, with only brief attention paid to the role of local government, community organisations and individuals. But this first plan was a milestone – the first effort by the Tasmanian government to consider older people's issues where older Tasmanians had the opportunity to contribute their ideas.

The principle of consultation with older Tasmanians was continued in the creation of the second Plan in 2007. This Plan laid a far greater emphasis on older people's responsibility to look after themselves as far as they can, and their right to seek government and community support to help maintain their health, wellbeing and independence for as long as possible (Department of Premier and Cabinet DPAC, 2007). The title, *Time to be Ageing Well* laid the emphasis more on wellbeing than on objective health.

The third Tasmanian Plan (DPAC, 2012) adopted a new title *Inclusive Ageing*, marking further progress on the themes outlined in the previous Plans and introducing several new concepts and practices. Once again it drew much of its information and ideas from state-wide community consultations among older Tasmanians. Several themes emerged as priorities: social inclusion; access to information; support for affordable living; support for volunteerism; and the creation of age-friendly communities. The change to 'Inclusive Ageing' in the 2012 Plan reflects the new views of and about older Tasmanians, so '*providing new ways to foster opportunity and participation for our older people to remain independent and socially connected*' (p. 1).

The 2012 Plan shows great advances in the development of concepts and implementation of policies in Tasmania. Prior consultation with older people is now accepted practice. A further step was that the whole process of consultation, research and implementation was a collaboration between government and the non-government organisation COTATas (Council on the Ageing Tasmania), the peak organisation representing the interests of older Tasmanians. The 2012 Plan took a positive view of older people:

Far from being a burden, older people contribute significantly to the economy. They have opinions, experience, original ideas and the capacity to reflect on and express their needs. (2012, p.9)

The implementation of the Plan was another step beyond previous procedures. The Plan identified six projects, set out the proposed actions and gave each project a timeline for completion. But rather than simply making suggestions for action, the Plan organisers, from both government and non-government, took the important further step of putting its ideas into

practice. For instance, the project to encourage ‘age-friendly communities’ (WHO, 2007) in Tasmania was followed up with workshops for Tasmania’s 29 local municipal councils to learn about and exchange information on how to implement the idea of age-friendly communities in their own municipalities.

The three Ageing Plans in Tasmania illustrate the progress over 15 years of policies and practices developed in the state in response to demographic change. They show a series of developments: greater input from older Tasmanians; greater emphasis on wellbeing; recognition of the need for a supportive environment; and clear practical objectives. The Plans have increasingly recognised that older Tasmanians have both the capacity and the right to play an active part in their own wellbeing and in the life of their community – a central tenet of the current study.

## **2.7 Responses to demographic change in a Tasmanian Local Government Area**

Positive ageing policies and practices have also been developed in many local government areas in Tasmania; one municipality (here called ‘Clearview’) was selected as the research area for this study. Clearview is situated in the south of Tasmania adjacent to the capital city. It is the second largest municipality in population, with a large and growing population of older people: 17% at the time of the 2011 census, an increase of 2.2% in ten years (ABS, 2012).

The *Local Government Act* 1993 under which local governments operate in Tasmania has as their number one function ‘to provide for the health, safety and welfare of the community’. In 2003 a lobby group of older local residents succeeded in persuading the Clearview Council to adopt Positive Ageing principles and practices, specifically, to create the position of Community Development Officer who would have the task of drawing up policies and practices to promote positive ageing in Clearview, and to establish a consultative group of older residents to advise the Council.

The development of ageing policy in Clearview followed similar lines to the State plans outlined in the previous section. The new Community Development Officer consulted extensively with older local residents in order to develop the municipality’s first *Positive Ageing Plan 2007-2011*, which set out a number of strategies and actions and timelines for achieving them. Establishing a Positive Ageing Advisory Committee (PAAC) which would ‘acknowledge and use the skills, knowledge and expertise of older people for the benefit of the city’ (Positive Ageing Plan, 2007, p.21) was a key action in the Plan.

The Positive Ageing Plan is now an accepted part of Clearview Council planning at budget time each year. It has been followed by and used as a model for community engagement in a raft of other Council plans such as *Disability and Access*, *Tracks and Trails*, and *Volunteering*, each with its advisory council of local residents volunteering their services. In 2012 an updated and re-prioritised version of the Positive Ageing Plan was launched. In 2014 Clearview was recognised as an ‘Age-friendly City’, a WHO global initiative to facilitate the inclusion of older

people in their local communities (WHO, 2007), the first local government area in Tasmania to receive this recognition.

Other municipal councils in Tasmania also recognise their older residents' needs and have introduced plans and strategies based on similar principles: consultation, social inclusion, recognition of older people's place in their community and the contributions they can make (Department of Infrastructure and Regional Development, 2015).

This local development in ageing policy has been outlined here because it had its roots in demographic change and was based on similar concepts to those outlined above at global, federal and state level (WHO, 2002; AIHW, 2013; DPAC, 2012). The process illustrates Foster & Walker's (2009) argument cited earlier that ageing strategies should be empowered from bottom-up – the community - as well as top-down. The Clearview plan arose from an unsatisfied need among older residents in the community expressed by the formation of a lobby group, and involved community consultation at all stages of planning and implementation. The lobby group could not have achieved its aims without 'a supportive environment' (WHO, 2002, p. 14) – in this case the active support of Clearview council. The council recognised the need for policy changes and took steps to implement them, including the appointment of designated council staff to put the changes into practice.

This section has explored the literature on one part of the context of the current study: the changes in population and the policies developed in response. The discussion on the perceived 'promise' and 'peril' of ageing (2.3) highlighted the dilemma faced by policy makers in devising policies and practices that reflect apparent changes in the nature of ageing. The section has traced changes in attitudes towards ageing and older people which have influenced policies and practices at all levels of government including the research area for this study. For instance, the right of people to maintain control over their life-choices in their transition to older age, and the expectation that authority will recognise their needs and work with them, were emerging themes.

These recent demographic changes and the social and economic uncertainties that accompany them raise very important issues for those most directly affected, *older people*. Older people today must cope not only with their personal adjustment to growing old, but with growing old in circumstances very different from what has been the experience of ageing in the past. Their experience contrasts with some of the policy expectations outlined above, in particular, the view of older people either as older workers to be retained in or returned to the paid workforce, or as aged and dependent and in need of care from others.

In order to understand more clearly people's experience of growing older in the 21<sup>st</sup> century, the next section explores current literature on ageing and older people's views of their lifestage.



## **2.8 The experience of ageing**

This section explores the literature on older people's experience of ageing. It outlines the individual changes and developments in older age, and the overall changes in ageing in recent years. Ageing is a normative life process (Baltes, Reese & Lipsitt, 1980); however, the recent increases in life expectancy that lead to a longer 'old age' for many people also accentuate the differences between people. Two individuals with the same chronological age may have very different lifestyles and life expectations (WHO, 2002). Hoyer & Roodin argue:

Development represents a complex interplay of gains and losses. Aging is characterized by a great deal of intraindividual change and interindividual variability. (2003, p. 17)

Hoyer & Roodin (2003) discuss the different domains of development - biological and physical, cognitive, social and personality – tracing the age-related changes that take place for instance in mental and physical activity, and the differences between individuals which become greater as people grow older. These two aspects of ageing are now discussed in detail.

### ***2.8.1 Development and diversity in older age: Intraindividual change***

Each individual will experience changes throughout their lives; one such change is the transition to and their years in the third age. 'Adult life can be seen a continuing process of coping with internal and external events' (Sugarman, 2001, p. 161). Individual change in older age can be abrupt, as in an event such as an accident, or gradual, as in the development of a chronic condition. These changes are now discussed in the context of the Social Readjustment Rating Scale (SRRS), now more commonly known as the Holmes and Rahe Stress Scale. This scale was designed in 1967 by two psychiatrists to study whether or not stress contributes to illness; they surveyed more than 5000 medical patients asking whether they had experienced any of 41 life events in the previous two years. Each event, called a Life Change Unit (LCU) was given a different 'weight' for stress. The greater the weight of each event and the higher the total score, the more likely the patient was to become ill. The scale is now widely used.

Of the 41 life events classed as stressors on the Holmes & Rahe Stress Scale (1967), at least 6 of the top 11 are likely to apply particularly to older people. The greatest stressor, death of a spouse has the highest rating, at 100; death of a close family member (rated 63 out of 100), major personal illness (50) and major change in the health of a family member (44) are also likely events of later life. Retirement from paid work, whether voluntarily or by dismissal or retrenchment, both rate 45 out of 100 for stress. Critical life events and transition points - the loss of one's partner, retirement or retrenchment from paid work, disability, suffering a fall, withdrawal of one's driver's licence – are all more likely to occur in older age (Hughes, 2009). It has been estimated that for older adults, 80% of events represent loss of resources, roles and relationships, compared with only 15% for younger adults (Lynch & George, 2002).

### **2.8.1.1 *Changes in individual health***

An older person's state of health is vulnerable to both short and long term change. Critical lifestyle transitions such as retirement from paid work and bereavement can affect individual efforts to maintain healthy behaviours (Berger, Der, Mutrie & Hannah, 2005; Hawkey, Thisted & Cacioppo, 2009). It was shown earlier that older people are the most likely cohort to contract a chronic disease because age is a non-modifiable risk factor (Bloom et al., 2012); by the age of 65 an individual is likely to have developed at least one chronic condition (Rozario & Derienzis, 2009).

In the long term, people become more vulnerable to physical stressors such as heat and cold as they age (Aldwin & Gilmer, 2004), and their immune systems become less responsive to new challenges (Lutgendorf & Costanzo, 2003). An accumulation of social and environmental risk factors over a lifetime - the 'weathering effect' – has been shown to erode people's health; for instance, the health of residents in disadvantaged areas can suffer, making them vulnerable to disease and reducing their life expectancy (Dominguez & Arford, 2010).

Many older people use strategies to cope with changes in their health. Adapting one's lifestyle, choosing activities that are within one's physical and mental capacity and concentrating on those, is a common strategy using what Baltes & Baltes (1990a) called the Selection, Optimisation and Compensation (SOC) technique. For instance, a person whose disabilities make physical activity difficult can exchange it for greater involvement in social and informal activity (Jang, Mortimer, Haley & Graves, 2004).

Others appear to accept changes in their health as part of growing old. An AIHW study (2004) of Australians at different stages of older age found:

Despite the fact that over 50 percent of people had a long-term disability that restricted everyday activity and most did no exercise or had low levels of physical activity, the great majority ... considered themselves to have good to excellent health. (p. 384)

Another Australian study (Strazzari, 2005) found that most older people in the studies appraised themselves from the point of view of their age in common with others and of what could realistically be expected, 'rather than aspiring to 'successful' ageing and the expectation that they remain healthy and fit for as long as possible'(p. 255). A subjective view of one's health is common as a coping mechanism (Blazer, 2008; Sargent-Cox et al., 2010)

### **2.8.1.2 *Changes in older people's social relationships***

Social relationships are another area where older people are vulnerable to change. In particular, a marital partnership will undergo significant role changes when one partner's health declines, with a transition for one partner to a caring role and all its responsibilities and to dependence for the other (Ozanne, 2007). A major illness in a spouse or family member is another likely event in

older age, and illness in the family can be a serious stressor – 11<sup>th</sup> on the Holmes & Rahe Stress Scale (1967) – particularly if it means that one of the family, usually the spouse, becomes a carer.

The period of grief and mourning after the death of a spouse can affect social relationships, as the survivor can be socially and emotionally isolated (Victor, Scambler, Bowling & Bond, 2005). As Erikson, the proponent of psycho-social life stage development, argues:

With aging, there are inevitably constant losses – losses of those very close, and friends near and far. Those who have been rich in intimacy also have the most to lose.

Recollection is one form of adaptation, but the effort skilfully to form new relationships is adaptive and more rewarding. (Erikson, Erikson & Kivnick, 1986, p.146)

As the work of recovery for the survivor is about restoring or redeveloping a sense of continuity of meaning (Marris, 1975), the process of recovery depends very much on support from others in social networks (Harms, 2005). After a time of adjustment, widows can in time come to enjoy some aspects of living alone, finding gains of fewer responsibilities, greater freedom and control of life choices (Van den Hoonaard, 2003). Older women living alone have been shown to benefit from participation in a Seniors Centre and the friendships developed there (Aday, Kehoe & Farney, 2006). The Australian Wellbeing Index finds that widows have an average level of wellbeing that lies at the top of the normal range, despite the low income that is prevalent in this group (Cummins, 2013, p. 219).

Another change in social relationships can be in the balance of giving and receiving between parents and adult children when children grow up and leave home. This change occurs particularly when the older person's frailty imposes obligations on the next generation, usually on a daughter or daughter-in-law (Pinquart & Sorensen, 2003). Research in Australia shows that older people are becoming less likely to expect family members to provide care or support in frail old age; reasons given were the mobility of adult children, and older people's reluctance to impose their own needs (Walters & Bartlett, 2009). Another reason for a 'fading solidarity of care' by family members (Gray, 2009, p.9) is because many women are now in the paid workforce, so that caring by daughters and daughters-in-law is less likely to be available than previously - a situation that can add stress to family relationships.

The increase in the number of married women in the paid workforce can bring another change in family relationships, when grandparents may take on the task of caring for the grandchildren. Bonder (2006) found in semi-structured interviews with 31 community-dwelling well older adults in North Eastern Ohio that their family occupations included giving care as well as receiving care. This caring role can bring intense emotional rewards; those who enjoy being grandparents see it as a gain, finding that a positive interaction with the younger generation makes them feel younger themselves (Kaufman & Elder, 2003). But as with any caring role,

older people can find grandparenting stressful, especially if it conflicts with other roles (Young & Denison, 2014).

Changes within family relationships can be compensated for by exchanging the pattern of social relationships to one of greater reliance on others outside the family – friends and neighbours. Friends provide companionship at every age, but they become more important in later life (Hatch & Bulcroft, 1992). The loss or lack of a partner makes friendships even more valuable (Albert, Labs & Trommsdorf, 2010); it is friends who most often provide emotional intimacy and companionship among older people (Rubin et al, 2009; Hoffnung, Hoffnung, Seifert et al., 2013).

One reason for increasing reliance on friends in the third age is that they are likely to be in the same or similar age group, sharing similar experiences and providing continuity over long periods. Litwin (2009) calls this a ‘convoy model’, as people move through life together. The notion of a convoy implies both continuity and change; people maintain their personal networks of friends, but these networks change as circumstances change. Moreover, friendships with one’s peers are likely to be based on exchange and reciprocity – the ‘helper-therapy principle’ - allowing older people to maintain feelings of choice and independence in a balanced relationship (Riessman, 1965; Solomon, 2004). Even the very old and housebound can maintain friendships and mutual help and advice over the phone (Boneham & Sixsmith, 2006). Friends who share a generation cohort can also play a role in helping others to adapt to age-related changes; for instance, older adults trying to adapt to failing eyesight reported less depression and better adaptation when in the company of others in a similar situation (Reinhardt, Boehmer & Horowitz, 2009).

All these changes in relationships call for older people to learn and practise adaptive strategies - to exchange their old social patterns for new - if they are to avoid social isolation and the depression that can accompany it. For instance, socioemotional selectivity theory (SST), a lifespan theory of motivation, posits that shrinking time horizons in older age encourage a change in personal goals and the composition of social networks. SST suggests that one strategy is to ‘prune’ social networks in older age into smaller, more intimate forms (Charles & Carstensen, 2009, p. 388) by discarding less meaningful acquaintances; the number of emotional close social partners can then remain stable or even increase slightly (Lang & Carstensen, 1994). A further change in social relationships can take place when an individual leaves paid work and makes the transition to ‘retirement’.

### ***2.8.1.3 Retirement and transition***

Retirement from paid work is now a publicly established, age-graded lifestage (Dannefer & Miklowski, 2006) that occurs in older age, though the precise age of retirement varies between individuals. It is a period where roles and relationships are transformed, and new resources - time, money, personal space and social networks – need to be sought (Barnes & Parry, 2004).

Retirement as a lifestage transition can be a loss or a gain – or through adaptation, a process of exchange of one lifestyle for another (Fouad & Bynner, 2008).

Retirement can be seen as a personal loss, especially if it is forced on an individual through ill health or being made redundant (Hershey & Henkens, 2013); it is rated 10<sup>th</sup> on the Holmes & Rahe Stress Scale (1967). ‘Work’ in the sense of ‘paid work’, is for most people an important part of their self-concept, so its loss can have serious consequences for individual wellbeing (Moritsugu, Wong & Duffy, 2010; Blustein, 2008.). Older people who try to re-enter the paid workforce, finding that they are labelled ‘old’ by potential employers, can define themselves as ‘old = useless’, with consequent ‘identity-degradation’ (Barnes & Parry, 2004, p. 213). Having a job is shown to satisfy many different needs: for purposeful activity, sociability, status and material gain, and ‘a series of routines giving structure and meaning to people’s lives’ (Barnes & Parry, 2004, p. 219).

In Australia the long-established age of retirement is 65, which coincides with the long-standing and still (2017) current start of entitlement to the Age Pension. The growth of compulsory superannuation is also starting to contribute to many older people’s financial independence. The introduction of retirement pensions was a huge gain in old age, as it helps more people stay out of a life-cycle-determined poverty (Saunders, 2005). However, the drop in income on retirement can threaten financial security if the pension and other funds are inadequate for everyday needs over the long years of retirement, and unlike younger people, older people are unlikely to move out of poverty once they have fallen into it (Scharf & Smith, 2004). Loss of income restricts participation, independence and choice (Craig, 2004); being unable to afford the expense of going out and meeting people has a negative effect on an older person’s physical and mental health (Cornwell & Waite, 2009). Recent research in Australia has shown that the number of those aged 45 and over who do not intend to retire until they are aged 65 and over has risen recently – from 48% in 2004-5 to 71% in 2014-15 (ABS, 2016). The most common factor (40% in this decision was found to be ‘financial security’. The report notes that the most recent survey was begun a few months after the government announced changes to the current qualification for the Age Pension.

Even for those who are able to build new social relationships in the new lifestage or to maintain previous ones, retirement generally entails age-segregation, separating individuals into age-homogeneous groups that are relatively insulated from each other by the demands of the workplace on younger adults’ time and energy (Dannefer & Miklowski, 2006). A Dutch study of personal networks in later life (Uhlenberg & De Jong Gierveld, 2004) found that only 15% of those aged 80 and over had any contact with people aged under 65, unlike the mixed ages found in most workplaces.

However, attitudes towards retirement have changed recently (Boudiny, 2013; Walker, 2002), with the broadening of views on what constitutes ‘active ageing’. Despite the ‘continued hegemony of the work ethic’ (Blaikie, 2006, p.14), life after leaving paid work life is now seen

more in terms of lifestyle than a mere reflection of previous occupation (Higgs & Gilleard, 2006). This can be attributed to the fact that demographic change has increased life expectancy so much that the retirement period can last for many more years and for many more people than previously; with generally improved standards of health most older people are likely to maintain a capacity to enjoy their later years. This is Laslett's 'third age', giving greater freedom to make personal choices than in the second age of paid work (Walters, 2002).

For those willing or able to make the exchange, volunteering in older age can take the place of paid work by providing productive, useful activities in community service, thus retaining the feeling of being useful and still being a contributing part of society (Narushima, 2005; Greenfield & Marks, 2007; Hoyer & Roodin, 2003). Others choose to enhance their skills and enhance their wellbeing through hobbies and further education, finding a new phase of growth and the development of new interests (Paillard-Borg, Wang, Winblad & Fratiglioni, 2009; Narushima, Liu & Diestelkamp, 2013; Nimrod, 2007a, 2007b). In their study of how men and women renegotiate their identity and relationships in retirement, Barnes & Parry (2004) found that those who have adapted well are likely to see the transition to older age as a gain or an exchange rather than a loss - as *moving into* retirement rather than *leaving work* (p. 221).

#### **2.8.1.4 A place to live**

Australia has a strong tradition of home ownership. For retired people especially, who are likely to spend much more time at home than previously, their domestic space is important as a locus of control and order among their own familiar possessions arranged as they like them (Kearns & Andrews, 2005). Rowles (2000) uses a theory of 'insideness' to conceptualise a person's attachment to place: through memories, individual rhythms and routines and a sense of knowing and being known in the neighbourhood. Older people also value the sense of familiarity with their neighbourhood, like knowing where to catch the bus and where they can safely cross the road (Holland, Kellaher, Peace, Scharf, Breeze, Gow, & Gilhooly, 2005).

Safe, accessible social spaces and access to social support and familiar networks play a vital part in protecting older people's feelings of health and wellbeing where they live (Bartlett & Peel, 2005; Holland et al., 2005). Changes in the place where people live can impact particularly on older people, for whom familiarity, continuity and a sense of belonging are vital to their feelings of wellbeing (De Miglio & Williams, 2008; Findlay & McLaughlin, 2005). Gubrium (2005, p. 312), in exploring the social worlds of age, quotes an earlier study by Matthews, (1979, p. 76) that found women can feel 'old' in new surroundings where 'all everyone seems to see is an old woman' whereas among friends and in familiar surroundings others see the person behind the physical appearance.

Another threat to an older person's feeling of independence is when the need for care necessitates outside help, for instance from a care worker. Barrett, Hale & Gault (2011) call this

change a rite of passage and an ‘uncelebrated transition’ to the home as a place of care, with altered status and relationships and a re-ordering of spaces and times in a person’s daily routines.

A more profound change and sense of loss can occur when an older person is compelled to relocate to hospital or permanently to a nursing home; Fried (2000) describes this displacement as among the most severe of all psycho-social impacts. Both sites are primarily designed to cope with physical limitations; those affected find themselves removed from their personal routines and previous social supports and ‘lodged within decline’ (Kearns & Andrews, 2005, p. 15). Permanent residence in a nursing home has been called ‘age-excluded spatialisation’ (Peace, Holland & Kelleher, 2006), where residents are virtually segregated and isolated from everyday living.

Official recognition of the effect that loss of one’s own place to live can have on older people’s wellbeing, and concern about the high cost of residential care, led to the introduction of *Ageing in Place* policies and practices in Australia and other countries (2.5.2 above). Subsidised help in the home (such as Australia’s HACC care packages) is a gain for older people who want to remain in their accustomed surroundings.

This section has discussed the changes that individuals are likely to experience as they grow older – the characteristic that Hoyer & Roodin (2003, p.17) describe as ‘intraindividual change’. The discussion now moves to their second characteristic of ageing: ‘interindividual variability’ – the increasing personal differences between older individuals.

### **2.8.2 Development and diversity in older age: Interindividual variability**

Research has shown that as a consequence of the many personal and societal changes affecting individuals over their lifetime and especially in older age, heterogeneity is a common characteristic of older age, and the older the age group the greater the diversity. Tout (1995) showed that the range of physical and psychological abilities in a group of 60 year olds is greater than in a group of 20 year olds, and greater in a group of 80 year olds than a group of 60 year olds. A study in England of two local groups of people aged from under 75 to over 85 (Townsend et al., 2006, p. 888) found a wide variation in capacity and occupation in the participants’ daily lives. Through interviews with 84 men and women, supplemented by focus groups, the study showed that over half (57%) were ‘out and about’, shopping, meeting friends, taking part in leisure pursuits and community groups; 25% were restricted to their immediate neighbourhood because of ill-health and disability; the other 18% were restricted to their homes.

Some variations between individuals are the consequence of differences in personal temperament, for instance, in their ability to call on psychological resources, such as a belief that one can predict health behaviour and subsequently one’s health which researchers call ‘the will to health’ (Higgs, Leontowitsch, Stevenson & Rees Jones, 2009, p. 687). Such optimistic self-beliefs, for instance beliefs about one’s ability to influence important aspects of life, are important predictors of healthy behaviours, and consequently of health (Bandura, 1997; Steptoe,

Wright, Kunz-Ebrecht & Iliffe, 2006). Those who are prepared for physical losses and who are nevertheless optimistic have been shown to maintain better physical functioning and lower depressive symptoms (Wurm & Benyamini, 2014).

Other variations are the result of social circumstances. The cumulative influences of different experiences and lifestyles accentuate the differences between older individuals. For instance, socioeconomic factors — poverty, poor nutrition, poor housing and inadequate education in earlier life - have been shown to have a compounding effect over the years, leading to more and more social deprivation and disadvantage (Saunders, 2005; TasCOSS, 2009), greater vulnerability to ill-health (Maki, Martikainen, Eikemo et al., 2013), and a negative effect on older people's quality of life (Blane, Higgs, Hyde & Wiggins, 2004).

In contrast, education has been shown to give a great advantage in health and in enjoyment of old age. Research by Maki et al. (2013) in eight European countries shows that higher education can give up to ten years more disability-free old age than for the less well-educated. Mental activities and educational pursuits in early life help to develop cognitive reserves that can have a positive impact on cognitive functioning in later life (Fritsch, McLendon, Smyth, Lerner et al., 2007). Better-educated people are also able to access information from their own circle and by reading the literature (Gallo & Matthews, 2003), whereas those with poor literacy are likely to find it difficult to access health information, and to suffer poorer health in consequence (Ronson & Rootman, 2012).

Research has shown that older people are far from conforming to the stereotype of all being the same. As individuals, they are subject to personal and social change over time within an internal continuity of connection to their past (Atchley, 1989). And as individuals build on a lifetime of gains and losses they become more different from others in their age cohort. Research has shown that these variations mean that chronological age can be an unsatisfactory method of assessing older people; 'the lay concept of how old people actually feel may be more useful' (Bowling, See-Tai, Ebrahim, Gabriel & Solanki, 2005, p. 479).

The recent changes in health and increased longevity, particularly in the developed countries, have radically destabilised notions of what ageing and old age are. Jones & Higgs (2010) argue that social and biomedical developments now challenge earlier views of 'normal' ageing as a series of stages ending in infirmity and death, and that ageing today displays a 'normalisation of diversity'. Policies that aim to help older people to cope successfully with the lived experience of ageing need to start with recognition of their individual differences as well as their commonalities.

## **2.9 Ageing in the 21<sup>st</sup> century**

Among the influences on individual change and inter-individual diversity outlined above, older people are affected by societal attitudes and technological change, as well as by government-led interventions.



Older people are likely to be vulnerable to the effects of others' attitudes to ageing and to them as being old. Stereotypes persist, even though they belie the varied ways people experience their later years (Gubrium & Holstein, 2003a); the negative image of older people is still the most frequent in all age groups (Ron, 2007). For instance, memory failure (of items on a shopping list) was judged more serious in an older adult than a younger one, seen as the difference between onset of dementia and 'just forgetting' (Erber, 1989; Hess, 2006).

Jokes and negative remarks about race and gender are now generally unacceptable in the public arena, but ageism is still largely permitted (Kirkwood, 2001; Parsons, Gale, Kuh, Elliott et al., 2014). Simply to be described as 'old' is evidence that someone has not 'aged well' (Wolpert, 2011). There does not appear to be a positive term for older age; 'old', 'aged', 'elderly' and even 'senior' all have negative connotations. 'Older person' is perhaps the most acceptable term, as in 'The International Year of the Older Person' (now 'Older People'). 'Adult' appears to be reserved for those still in the paid workforce.

Stereotyped behaviour – patronising talk and over-helpfulness, however well meant - can lead to loss of self-esteem and less confidence in one's own ability (Avorn & Langer, 1982; Hess, 2006). Offers of *any* support or help from outside can be seen as controlling or interfering (Lewis & Rook, 1999) and may exacerbate distress (Shumaker & Hill, 1991). At worst, too much help can induce feelings of learned helplessness where the older person becomes passive and hands over their personal control to others (Peterson, Maier & Seligman, 1993).

Rapid changes in technology also affect older people, by creating a 'digital divide' between age groups; many older people can find websites and mobile (cell) phones less user-friendly than younger people do, and feel anxiety about their use (Van Volkom et al., 2014). The increasing use of electronic means to convey public service information, rather than the conventional mode of service delivery via letter, the telephone or face-to-face, has also been found to disadvantage older people. For instance, a study in the United Kingdom found that although websites contained useful and relevant information, older people found it difficult to access because of their lack of knowledge and skills in using computers and the internet (Choudrie, Ghinea & Songonuga, 2013). An American study into older people's access to health information had similar findings (Hall, Bernhardt, Dodd & Vollrath, 2015).

### ***2.9.1 Differing views of successful ageing***

Studies of older people's views of their ageing show the different interpretations of 'successful ageing'. For instance, a study in the USA (Phelan, Anderson, La Croix & Larson, 2004) compared old people's perceptions with the attributes of successful ageing identified in the published literature. The study analysed 21 studies of determinants of successful ageing from the 1960s to the 2000s, then compared them with their own sample of two groups all aged 65 and over. They concluded that older people's perceptions 'differ somewhat' from the researchers' views, finding that older people saw a successful old age as multidimensional – a combination of

physical, functioning, social and psychological health - where none of the studies they reviewed included all four. Another American study of community dwelling adults aged over 60 (Montross, Depp, Daly, Reichstadt, Golshan, Moore et al., 2006) found that 92% rated themselves as ageing successfully; their subjective ratings, which included resilience, activity and numbers of close friends, contrasted with the criteria defined by the researchers.

Other studies of older people's own views of their ageing also reveal a disjuncture between the way many older individuals perceive their ageing process compared to 'the upbeat messages of freedom and new opportunities that are delivered by the 'positive ageing' theorists' (Parsons et al., 2014, p. 460). Older people generally appear to regard their ageing as having both good and bad sides. For instance, a recent study in the UK of older men and women's perceptions of the advantages and disadvantages of older age (Parsons et al., 2014) found that the overwhelming disadvantage was general physical decline, slowing up and being less able to do things than previously (p. 463). The most often cited advantages across all interviews were: being free from financial worries; having life experience; freedom to do what you want when you want; enjoying the grandchildren and family; having more leisure time; and being in good health. Interestingly, the most popular advantages rated only 22 mentions out of 60 interviews, and other advantages had far fewer mentions. The range of advantages and the low numbers for each advantage appear to point to even more individual differences and priorities among the respondents, and to emphasise the multi-dimensional nature of 'successful' ageing as older people see it.

### ***2.9.2 Coping with change in older age***

Faced with personal and societal change and the conflicting views of the ageing process, many older people seek ways to age successfully on their own terms, by developing personal strategies to cope with change. In the study in England cited above, Townsend et al. (2006) described older people's views of others of their own age in terms of Heroines, Villains or Victims. Heroines remained cheerful in the face of adversity, did not 'give up', finding role models in their own circle whose examples confirmed their own values and ways of coping in later life. Heroines' key attributes were 'determination to keep going against considerable odds and their independence, intellectual flexibility, adaptability, altruism and cheerfulness' (p.892). The opposite, the 'Villains' were described as 'moaning, complaining, inactive and awkward' (p. 892). The 'Victims' were those who were ill, particularly mental illness, and were objects of pity. The people in Townsend et al.'s study placed a high value on maintaining meaningful activities and contributing to society (p. 893). For some of the oldest, the emphasis was on maintaining an interest, even if getting out and about was difficult.

Some older people have been shown to distance themselves from the ageing stereotype by distinguishing between 'being old' and 'feeling old'. A British study (Bowling, Gabriel, Dykes, Dowding, Evans, Fleissig, Banister & Sutton, 2003) used a national random sample of people aged 65 and over living at home to investigate subjective age identity. The study found that health and functional status were far more important than chronological age for determining how

old a person felt themselves to be. On average, older people feel younger than they actually are (Kleinspehn-Ammerlan, Kotter-Gruhn & Smith, 2008). Parsons et al. (2014) also found a mismatch between felt age and actual age, and 'how others perceived them was a repeated theme' (p. 464).

Another strategy to counter negative views of ageing, particularly the focus on ageing as a process of decline and loss (Garatchea & Lucia, 2013; Gullette, 2004) is the 'counter-narrative' (Migliore & Dorazio-Migliore, 2014). These 'counter-stories', where older people create their own stories that 'arouse people's imaginations concerning how their lives could have been different and the possibilities that still lie open to them' can affect the terms in which other people think, know and perceive their own situation (Phoenix & Smith, 2011, p. 636). These authors suggest the telling of stories as a 'modest intervention worth taking':

These stories could be shared with different populations as part of an intervention program so that others can draw on them (if they so wish) to make sense of events, restore (re-story) a sense of who they are, or find different ways of aging when the current story (e.g. decline) they find themselves part of, is not taking care of them. Indeed, stories of how people resist the narrative of decline might be utilized in counseling other older adults, who have effectively shut their stories down as they await old age – getting, rather than growing old. (2011, p. 637)

The current decade is seeing a growth in other areas of narrative gerontology, as established authors reaching older age explore their own experiences in autobiography, essays and fiction. For instance, the memoir *Ammonites and Leaping Fish: A Life in Time* (2013) by Dame Penelope Lively, *What Days Are For* (2015) by the distinguished Australian novelist and essayist Robert Dessaix, and Gawande Atul's *Being Mortal* (2014) are some of the important contributions to the contemporary literature of ageing.

Older people also learn to cope by observing the behaviour and actions of others which can motivate them through images of what they would like to become, or to avoid becoming. These images serve as goals that motivate behaviour and provide a context for evaluating their own conduct (Bailis, Segal & Chipperfield, 2003). Writing about empowerment in older age, Sykes (1995, p. 49) states that 'given the conditions for growth, individuals will continue to develop.'

The literature shows that older individuals employ many different strategies to cope with their own life transitions. Depending on their temperament and background, their accumulation of personal resources, their retention of previous life patterns, their active involvement in their own narrative of ageing, and the examples of others in their age cohort, many older people have been found to manage to work out, successfully in their opinion, how to live well in the new lifestage (Gubrium & Holstein, 2003a; Atul, 2014).

This section has explored the literature on ageing and old age from the point of view of those living in and coping with that lifestage. This section has pointed out some of the differences

between older people's views of their personal experience of ageing and the views and actions of policy makers that were outlined in the previous section. The review now examines the literature on another aspect of ageing – the theories that attempt to explain and reconcile the differences and to shed light on the reasons behind the changes.

## **2.10 Developments in theories of ageing**

A number of theories have been put forward discussing the nature of ageing and the effects of the changing environment. People will continue to grow old, but the personal and societal changes in the past fifty or so years appear to have affected the *process* of ageing, extending its length in years and capacities. Theories of ageing have themselves evolved to accord with and account for the emerging realities of demographic change. This section gives a brief overview of four theories which have relevance to this study; these are Lifespan Theory (Baltes, 1987), Carstensen's Socio-emotional Selectivity (1992), Atchley's Continuity Theory (1989) and Laslett's concept of Four Ages (1989, 1991). These theories contrast with one previous theory of ageing – Disengagement Theory (Cumming & Henry, 1961) and build on another – Activity Theory (Havighurst, 1963). This section discusses these theories and their applicability to the study.

### **2.10.1 Disengagement Theory and Activity Theory**

It is more than half a century since Cumming & Henry put forward their Disengagement Theory (1961) based on the Kansas City Study of Adult Life, at a time when the 'Swinging Sixties' put great emphasis on youth. A common view of old age at the time was as 'a period of unavoidable retreat, in the face of both ill health and poverty, of gradual withdrawal into passivity and dependence' (Mullan, 2002, p.14). Disengagement Theory built on this assumption of decline in old age, proposing that as skills decline and remaining life is seen as short, a mutual withdrawal from social obligations occurs between an individual and society (Cumming & Henry, 1961; Johnson & Mutchler, 2014).

Disengagement Theory was challenged on several grounds. The major criticism was that the theory did not take account of individual differences in older people (Tallmer, 1973), because the conclusions were based on a very narrow selection of subjects - white middle-class urban-dwelling American males - so the view that disengagement was the only successful kind of adaptation to ageing was 'empirically and theoretically unjustified' (Maddox, 1970, p. 17). It was also suggested that withdrawal from social interaction could simply reflect a lack of opportunities in older age (McMordie, 1981). Nevertheless, Disengagement Theory continued to figure in theoretical discussions of later life development through the next two decades (Maddox, 1994).

Another ageing theory to emerge in the 1960s, Activity Theory (Havighurst, 1961, 1963) took a more positive view of older age, but saw successful ageing simply as a continuation of an individual's previous lifestyle: 'an affirmation of values' (Havighurst, 1961, p. 8), and 'the

maintenance, as far and as long as possible, of activities and attitudes of middle age' (1963, p. 309). Activity Theory contrasts with Disengagement Theory in that it sees that society withdraws from the ageing against their will or desire, so they must try to keep active and busy, whereas in Disengagement Theory the withdrawal is seen as mutual (Havighurst, Neugarten & Tobin, 1968).

Comments on both theories (e.g. Aschenbaum & Bengtson, 1994) suggest that they reflect the values of the period: the view that old age was somehow 'bad' – to be hidden away from sight, either by disengagement, or by denial and aping the lifestyle of younger generations. 'Growth' and 'development' were seen as characteristics of the young; change in older adults was typically described as 'ageing'. The effect of these theories was that: 'To make changes in later life one must fight against all sorts of popular mindsets' (Sugarman, 2001, p. 1).

### ***2.10.2 Theories of Lifespan Development***

The four theories now described reflect changes in views of ageing in the half century since Disengagement Theory. They are all based on the belief that 'to live is to change' and that development through change and adaptation continues throughout life (Baltes, 1987; Erikson et al., 1986). The first expression of lifespan development (Baltes et al., 1980) came at a time when demographic change was coming to be recognised; since then, 'the life course perspective has achieved a dominant, some might say near hegemonic, status in social gerontology over the last several decades' (Silverstein & Giarrusso, 2012, p. 35). Carstensen & Fried (2012, p.16) cite Paul and Margaret Baltes' (1990b) exposition of their lifespan theory when describing the gains and losses that are inherent in all developmental stages, including old age, in their chapter on *The Meaning of Old Age* in the World Economic Forum report (Beard et al., 2012, pp. 15-17).

The 'life course perspective' (Elder, 1994) inherent in Baltes' theory sees the whole of life from birth, or even from conception, to death as a continuing pattern of stability and change, with ageing as one phase of the entire lifecourse rather than a separate period of life. Moreover, in a rejection of the traditional assumption that childhood is the main or only period of growth and development, Baltes (1987) argues that the potential for development through change and adaptation extends throughout life.

The theories put forward by these life-span researchers take a positive view of change in older age. For instance, Baltes & Baltes' (1990a) Selection, Optimisation and Compensation (SOC) is an active strategy to maximise gains and minimise losses in older age, by selecting and concentrating on personal goals and priorities and being ready to adapt them when circumstances change. Rather than merely accepting losses as inevitable, SOC sees older people as exercising control over their own lives through individual adaptation.

Another theory that sees ageing as a process of adaptation, socioemotional selectivity (Carstensen, 1992) is relevant here. SES theory postulates that social and emotional life changes with age (Charles & Carstensen, 2009). The theory argues that as a person grows older,

emotional goals assume primacy over the knowledge-related goals important at a younger age; one consequence of this change in the increasing importance of emotionally meaningful social experiences and feelings of social connectedness (Carstensen, Fung & Charles, 2003).

The American psychologist Erik Erikson (1986) developed lifespan theory further by setting out eight stages of psychosocial personality development throughout life. Rather than seeing old age as a decline, each of Erikson's developmental stages grows out of and builds on the previous stages to the eighth stage in old age. Erikson's concept of lifespan as a series of changes within continuous development relates to other theories of change and development, such as Atchley's Continuity Theory which is now outlined.

### **2.10.3 Continuity Theory**

Atchley's Continuity Theory (1983, 1989, 1993, 2003) developed lifespan theories further by exploring the concept of change in the context of continuity. Atchley proposed a dynamic view of continuity as 'a basic structure which persists over time, but it allows for a variety of changes to occur within the context provided by the basic structure' (1989, p.183).

Continuity Theory recognises that over their lifetimes people develop 'a vast storage of data about themselves' (1989, p. 186) which gives them 'a remembered structure of physical and social environments, relationships and activities' (p. 185), and that this inner continuity generally enables older people to adapt successfully to change. Atchley sees continuity as twofold: internal continuity, described as 'the persistence of a personal structure of ideas based on memory'; and external continuity: 'living in familiar environments and interacting with familiar people' (1983, p. 249). The two are inter-related: 'Inner continuity leads to decisions that favour (external) continuity and (external) continuity produces inner experiences that reinforce inner continuity, especially continuity of identity and self-esteem' (1993, p.15).

Nimrod (2007b), in research into ageing in Israel, supports Atchley's view by arguing that: 'In advanced years of many external and internal changes, external continuity is an instrument that helps elderly people to preserve internal continuity' (p. 93).

A 2015 search of the data bases using the search terms *Continuity theory* and *old age* showed that the theory has been used in other research to explain and interpret a number of different situations in older age. Change within a structure of continuity is a coping strategy when facing negative life events (Kleiber, Hutchinson & Williams, 2002) and other stressful experiences such as bereavement (Aneshensel, Botticello & Yamamoto-Mitani, 2004). In the context of retirement adults have been shown to use their past concepts and experiences to adjust to the life changes after leaving paid work (Von Bonsdorff & Ilmarinen, 2013). Change within continuity has also been used to explain other transitions – from player to volunteer in a sports club (Cuskelly & O'Brien, 2013). Continuity has been shown to offer an element of choice and control in making and maintaining friendships in later life (Fincham & Weber, 2000). The theory

has also been used to explain changes in leisure activity patterns in older age, where changes in participation are ‘a trade-off between gains and losses’ (Janke, Davey & Kleiber, 2006, p. 286).

Lifespan theories and Continuity theories both see the whole life process, including old age, as a series of transitions with a period of stability between each transition (Levinson, 1990). These transitions are psychological turning points, ‘benchmarks in the human life cycle’ (Sugarman, 2001, p.135). They can be gradual shifts in identity and meaning brought about by a process or change or through personal reflections, or rapid changes in the social environment, such as retirement from paid work or the death of a partner, that can have profound psychological effects on the individual (Wethington, 2003). In either case, the transition requires a ‘remooring of the identity’ in the new context (Ethier & Deaux, 2003, p. 40).

The age at which transitions occur and the context of the life stage have been described differently by different writers. Levinson (1986, 1990), for example, viewed the life course as a series of stages – pre-adulthood, then early, middle and late adulthood; a period of transition accompanied by instability occurs between each stage. Tennant & Pogson (1995) saw the lifespan trajectory as an individual construct, with the time and extent of each change influenced by personal history, culture, class and gender.

Whenever it may occur, the transition to a new lifestage is ‘a complex interplay of gains and losses’ (Hoyer & Roodin, 2003, p.17). Turning points need not be negative; many are triggered by positive events. But even positive transitions – changes for the better – routinely bring with them upheaval, change and uncertainty (Haslam, Holme, Haslam, Iyer, Jetten & Williams, 2008). The transition process has been described as similar to a sea journey: there are some maps and charts, but the voyager can also meet the unexpected and unfamiliar (Ford & Lerner, 1992).

Since both positive and negative transitions mean severing links with aspects of our past to make way for the creation of new ideas and new abilities, it has been suggested that ‘exchange’ is often a more accurate description than ‘loss’ and ‘gain’ (Schlossberg, 1981). ‘Exchange’ for the better is the basis of Laslett’s concept of the third age, which is now discussed.

#### **2.10.4 Laslett’s two-stage view of older age**

In his book *A Fresh Map of Life* (1989/1991) the social historian Peter Laslett complements Continuity theory in recognising ageing as an individual process in which both continuity and change play a part, and offers a specific pattern of four ages with transitions between each age.

Laslett’s great contribution to the issue of ageing in the modern world is his recognition and argument that the extended period of ‘old age’ after leaving paid work, which can last 20 or more years, is now not one but *two* life stages, which he named the third and fourth ages. Writing at a time when demographic change was receiving world-wide attention, Laslett’s idea of the third age gives a believable explanation for the unprecedented number of active independent older people since the increase in life expectancy. However, the term does not appear to have gained

wide usage; of the 19 references in Psychinfo in the last 3 years using the search term 'third age', nine refer to Universities of the Third Age (U3A), the older people's learning organisations founded on principles established by Laslett in Cambridge and now operating in many countries including Australia.

Laslett's third age is generally seen as the first life stage after retirement from paid work (Jonsson, 2011). Third agers are typically active, positive, involved in activities outside the home and enjoying life after the responsibilities of paid employment and child-rearing are over (Rubinstein, 2002). Laslett's fourth age approximates more to the traditional view of old age – a time of dependency and decline. A salient difference between the third and fourth ages is the extent of personal autonomy: independence and freedom of choice in the third age, dependence and loss of control in the frailer fourth age. Laslett's first age is also an era of dependence, as young people grow from birth to maturity through an era of 'socialisation, immaturity and education' (Laslett, 1991, p.4).

The third age contrasts also with Laslett's second age, the time of commitment to paid work and raising a family. On entering their third age, people can, perhaps for the first time in their lives, feel 'a huge freedom – no demands, no expectations that as a worker rule so much of their lives' (Jonsson, 2011, p.34). In his ten-year study of the transition to retirement in Sweden, Jonsson called this 'the paradox of freedom' (p. 34), because the retiree suddenly feels the burden of responsibility for planning their own actions, and the stress of having to 'kill time' with no set commitments; he found that retirees were happiest when they had an 'engaging occupation'. However, apart from a mention of 'volunteer work' (p.37) Jonsson makes no suggestions as to what these occupations might be.

Laslett's concept of two life stages within 'old age' not only adds to Lifespan Theory but has helped to influence research into older people as individuals in their own right, with different interests, preferences, and capacities. It also offers a rationale for the many social policy agendas such as 'Positive Ageing' and 'Active Ageing', aimed at encouraging older people to maintain an active independent (third age) lifestyle for as long as possible.

Laslett's theory advances the concept of 'ageing' in a number of ways. First, by seeing 'old age' as not one but two life stages, each a change and development from previous stages, Laslett moves the concept away from chronological age, the basis of many institutional rules such as 'school age', 'voting age' and the start of the state pension. Rather, the coming of the third age is, according to Laslett (1991, p. 52): 'A personal, not a public occurrence: it has little to do with calendar age, social age or even biological age, and above all is a matter of choice.'

Others also see this life stage as a subjective or psychological age - 'you're as old as you feel' - that is irrespective of chronology (Sugarman, 2001; Gubrium & Holstein, 2003a). The term 'third age' avoids the pejorative 'age' stereotypes implied in other descriptions of the life stage – 'aged', 'elderly', 'oldies' – with their deficit view of older age as simply a time of loss, and with



the connotations of 'frail', 'ill' and 'a burden' (Palmore, 1990; Mullan, 2002). As Betty Friedan says, in *The Fountain of Age* (1993):

Seeing age only as decline from youth, we make age itself the problem – and never face the real problems that keep us from evolving and leading continually useful, vital, and productive lives ... and never let ourselves see new possibilities, new qualities merging and evolving in ourselves that might be different from 'young' ... ultimately we may become what we most fear. (1993, p. 26)

Second, Laslett shifts the prime of life from the second to the third age, 'the age of personal achievement and fulfilment ... during which the apogee of personal life is achieved' (1991, p.4). This is a complete departure from the accepted view that the high point of life is in the era dominated by paid work. Rather, Laslett, writing in the early years of his own 'retirement', could appreciate the value of learning 'the art of living later life' (1991, p. 153), while enjoying 'freedom from Second Age imperatives' (p. 150).

Thirdly, Laslett sees the third age as lasting an indefinite period depending on the individual: 'Ideally he or she ought to be able to savour the experience of the Third Age for any possible duration of years' (1991, p. 153). Physical decline does not necessarily end one's membership:

There are Third Age occupation and pursuits which can proceed, as everyone knows, when physical decline is quite advanced. Becoming unable to leave your house or even your bed does not itself require that a person withdraw from the Third Age, and the process [of moving to the fourth age] is very gradual. (Laslett, 1991, p. 154)

This positive attitude to growing old sees ageing as a series of purposeful losses and gains, recognised as an *exchange*:

The disengagement of persons towards the end of the life course has an indispensable social function, that of permitting replacement and renewal ... Withdrawal into the Third Age is hardly an appropriate description of a decision to direct your efforts henceforth to that which interests you most, in active co-operation with others with similar interests and outlooks. (Laslett, 1991, p. 157)

Finally, Laslett suggested that because of the speed and suddenness of demographic change, institutions created to meet the *problem* of ageing were in no position to provide a policy 'for that great majority of retired people who present no problem at all. We need a new outlook, a new language, and we need above all a new institution, or set of institutions' (1991, pp. 2-3).

It is possible to find omissions from Laslett's vision of a happy old age. First, perhaps as a consequence of his academic background, Laslett has a very limited vision of those new institutions, writing only of the Universities of the Third Age, and he lists only 'professors, schoolmasters, lecturers, researchers' as 'those who are in the Third Age' (1991, p. 172). Much

of the current research on the third age (e.g. Swindell et al., 2011) focuses on the operations of Universities of the Third Age, the self-run learning activity groups created – in Australia and elsewhere – on the model established by Laslett in Cambridge in the 1990s.

Laslett does not appear to recognise the possibilities for other, ‘not intellectually motivated’ third age people and their groups. The final page of his book makes this point:

The fact that it is not at all clear as yet how best those not intellectually motivated can fulfil themselves in the Third Age has been called the greatest of all challenges which the emergence of that new phase of life has brought in its train. (1991, p. 203)

Another criticism could be levelled is that in his enthusiasm for the potential of the third age, Laslett inevitably denigrates the fourth age – ‘an era of final dependence, decrepitude and death’ (1991, p. 4). He finds that ‘even the faint possibility of a prolonged Fourth Age is intimidating, of having to continue in a condition of half-life; ‘*sans* teeth, *sans* eyes, *sans* everything’ (1991, p. 13). He ignores the issue that all older people will come to need care and support at some stage of their lives.

But Laslett explains in the Prefaces to the two editions, 1989 and 1991, that he wrote the book in order to set out ‘the crucial event... the emergence of the Third Age, pat at the midpoint of the twentieth century’ (1991, p. ix). In the chapter entitled *A New Division of the Life Course*, Laslett reiterates the purpose of his book:

It is not a book about dependence because so few elderly people are in fact entirely dependent, and because that small minority provides so deceptive and distortive a guide to all the rest... It is indeed, as I believe, an entirely new world which has opened up and beckoned us within. (1991, p. 6)

By describing this ‘entirely new world’ and by identifying and naming the unprecedented new lifestage that has emerged as a consequence of world-wide demographic change, Laslett has taken an important step in the study of ageing. His concept of the third age as the climax of life and an indefinite period of satisfaction, choice and fulfilment, and the need for a new set of institutions to achieve this, is very relevant to the current study - with the proviso that the third age is potentially open to many more people than Laslett envisages.

It is notable that Erikson and Laslett were both in their third age at the culmination of their research. Erikson was aged 84 when he published *Vital Involvement in Old Age* (Erikson et al., 1986). Laslett, in the Preface to the first edition of *A Fresh Map of Life* (1989), states that the book ‘belongs wholly to the later life of its author’, as nearly all his work on the theory was done in his later sixties and early seventies: ‘Here then is a report on experience as well as an exploratory analysis. It is itself a project of an individual Third Age’ (1989, p. ix). Where other researchers into ageing may only visit a land for which they do not yet qualify, these two writers had the advantage of lived experience.

## **2.11 Chapter summary**

This chapter has explored the literature on three aspects of ageing that have relevance to the study in the context of a rapidly changing world. Government social and economic policies for their older citizens, and the underlying principles, have direct and indirect impact on how older people maintain their independence and participation in the community. The examination of older people's own experience of their lifestage, with an outline of commonalities and differences in older people and their ways of coping with change offer an alternative view of successful ageing, and also provide a background to further exploration of older people's activities and lifestyles in this study. Current theories of ageing both reflect and influence attitudes towards ageing and older people. In particular, Laslett's view of the third age as 'the age of personal achievement and fulfilment' (1991, p. 4) gives a name and recognition to the new product of demographic change – the growing number of active older people.

The next chapter continues the review of the literature, exploring further aspects of the overarching theme of ageing. It examines the reasons that spur older people to maintain their wellbeing, before focusing on what is known about the institutions that are the subject of this study – the voluntary community groups that older people run for their peers and the contribution they make to their participants' wellbeing.

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## Chapter Three Older people's search for a satisfying lifestyle

### 'Ageing is not what it used to be.' (Gilleard & Higgs, 2005, Preface)

The previous chapter reviewed current literature on three aspects of ageing in the modern world: global demographic change and its implications, the lived experience of ageing, and the development of theories of ageing. This chapter examines the literature on two more aspects of ageing relevant to the study: first, older people's quest for wellbeing and the strategies they use to achieve and maintain it. The second part of the chapter focuses on what is known about one strategy: older people's participation in community groups. The two review chapters together give a background in literature to the topic of this study: *the contributions that older people's peer-run community organisations make to their participants' perceived health and wellbeing*.

### 3.1 Understandings of wellbeing and health

There have been many studies and debates on the concept of 'wellbeing' and its near synonym 'quality of life', and it seems, almost as many definitions. In the broadest terms, the literature distinguishes two aspects of wellbeing: subjective and objective. *Subjective* wellbeing – people's own conception of what they consider important about their lives; satisfaction with life as a whole, or satisfaction averaged over a number of domains (Maher & Cummins, 2001); 'a complex construct that concerns optimal experience and functioning' (Ryan & Deci, 2001, p. 141). Bond & Corner (2006) call wellbeing 'a personal and fluid concept', a subjective state that is strongly influenced by the context in which we live as individuals, so that individual differences – in resources, gender, age, income, social skills and so on – lead to different pathways by which people reach their goals and so achieve wellbeing (Ormel, Lindenberg, Steverink & Verbrugge, 1999).

For instance, research has shown that people's predisposition to wellbeing is affected by and varies according to their individual personality traits. It is argued that extroverts and optimists generally have a better chance for a happy life than those feeling anxious, nervous or depressed (Brissette, Scheier & Carver, 2002). Openness to others through friendship and a willingness to help others, and openness to experience through interest and striving for achievement are positive factors in individual wellbeing (Johnson & Ostendorf, 1993; Goldberg, 1999).

Most people return to their previous levels of wellbeing after both negative and positive life events via the process of homeostasis, the internal psychological management system that returns the individual to balance, 'to keep feeling positive even when things go wrong' (Cummins, 2013, p.4). There are individual variations in the characteristic levels of wellbeing to which a person returns, and this set point itself may change over the lifespan (Mroczek & Spiro, 2005).

The other aspect of wellbeing, *objective*, is the assessment of standards of living (Daatland, 2005). Economists previously focused on objective living conditions and indicators, such as housing, health, income and education, to assess national wellbeing. But it is now recognised that the impact of objective living conditions can be affected by how the individual perceives and evaluates these conditions: 'Perceived deprivation may be a better indicator for subjective wellbeing than the actual deprivation' (Daatland, 2005, p. 371).

Many countries now collect information nationally on both objective and subjective wellbeing, believing that this provides a more reliable picture of national wellbeing than measuring objective wellbeing on its own. For instance, in the United States, the National Council on Aging conducts an annual Aging Survey which has identified four core objective and subjective topics that matter most to older Americans: health; wealth (finances in retirement); community infrastructure (transport, health care and housing); and outlook (attitude about life and ageing) (n4a, 2014). The United Kingdom also collects information on both types of wellbeing in a series of surveys which includes surveys of households and individuals, living costs and living conditions, family resources and lifestyle, and labour force surveys (Office for National Statistics, 2012).

In Australia, the Australian Unity Wellbeing Index, an annual national survey which measures how adult Australians feel about themselves, includes both subjective and objective components or domains for survey participants to rate their life satisfaction on a scale of 0-10 (Cummins, 2013). The objective domains - health, standard of living, are balanced with the subjective domains of personal relationships and community connections, spirituality and religion and feelings of achievement in life, safety and future security. The combined scores give a Personal Wellbeing Index which generally ranges between a low of 55 and a high of 90 points out of 100. The Australian average is around 75 (Cummins, 2013).

Like wellbeing, the meaning and use of the term 'health' has changed significantly in recent decades. Seventy years ago, the original WHO definition saw health as 'a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity' (WHO, 1946). An article in the British Medical Journal by fourteen international experts in medicine and the social sciences, asking 'How Should We Define Health?' (Huber et al., 2011) calls the WHO definition 'counterproductive' (p. 343), because:

It minimises the role of the human capacity to cope autonomously with life's ever changing physical, emotional and social challenges and to function with fulfilment and a feeling of wellbeing with a chronic disease or disability (Huber et al., 2011, p. 344).

Instead, they propose changing the emphasis towards 'the ability to adapt and self-manage in the face of social, physical and emotional challenges' (p. 343). This redefinition recognises that a person's ideas about their own health – ('self-assessed', 'self-rated', 'perceived' or 'subjective' – all these terms are used) - can play an important part in their overall health. This 'self-rated

health' has been shown in numerous studies to be a reliable predictor of health outcomes (Idler & Benyamini, 1997; Bailis et al., 2003). Indeed, it has been suggested that people's assessment of their own health is more reliable than objective health ratings, because they have a greater awareness of changes in their symptoms than the health professionals (Winter, Lawton, Langston, Ruckdeschel & Sando, 2007).

McCullough & Laurenceau, (2004) suggest that: 'Measures of self-rated health may derive their robust predictive utility from the fact that people consider many factors when they assess their general health' (p.651). A study of older people's views on the determinants of their self-rated health (Arnadottir, Gunnarsdottir, Stenlund. & Lundin-Olsson, 2011) found many determining factors including previous and past health experiences, comparisons with one's peers, and personal and environmental factors such as leisure-time activities and involvement in different life situations.

The phrase 'health and wellbeing' is now often used to cover both subjective and objective ratings of health (Blazer, 2008; Uchino, 2009).

### **3.2 Understandings of older people's wellbeing**

The study now focuses on what is known about wellbeing in older age, and the factors that can have a positive or a negative effect on how older people rate their personal levels of wellbeing. Wellbeing is multi-level. It contains 'interconnecting yet separable components leading to satisfaction with one's life as a whole' (Diener, Kesebir & Tov, 2009, p. 148), or satisfaction averaged over a number of domains (Maher & Cummins, 2001), and these components vary in importance in an individual's life at different times and between individuals. In the literature, older people's wellbeing is also described as multidimensional (Bowling, Banister, Sutton, Evans & Windsor, 2002; Wiggins et al., 2004). Mroczek & Spiro (2005) describe older adults' wellbeing as 'fluid', that is, 'susceptible to personal, temporal and environmental change and variations' (p. 190).

Research has identified a number of factors that affect older people's wellbeing. For instance, positive feelings of wellbeing play an important protective role in older people's physical health (Collins, Goldman & Rodriguez, 2008; Ostir, Ottenbacher & Markides, 2004) and in mortality (Wiest, Schuz, Webster & Wurm, 2011), while feelings of loneliness and social disconnectedness have negative effects (Hawkley & Cacioppo, 2009; Nummela et al., 2011). Diener et al. (2009) found that 'striving for and making progress towards meaning, enjoyable goals is an important source of happiness' (p. 153). Nyqvist, Forsman, Giuntoli & Cattani (2013) sum up older people's mental health and wellbeing as: 'A dynamic positive state of mind and body, feeling safe and being able to cope with normal stresses in life and connect with people, communities and the wider environment' (p. 396)

Temporal change - variation over a lifetime - also acts to differentiate one older person's wellbeing from another's. A difference in resources such as access to education can lead to

different pathways to achieve goals and hence to wellbeing (Ormel et al., 1999). If people have been able to accumulate human and financial capital throughout their lives they are likely to enjoy a good quality of life in old age (Higgs et al., 2009). In contrast, the accumulation of disadvantage at home and at work over the course of a person's life can have a negative effect on quality of life in older age (Dannefer, 2003; Blane et al., 2004; TasCOSS, 2009).

Differences in environment also affect the importance of various components of wellbeing. For instance, a study conducted in a deprived neighbourhood in the United Kingdom (Smith, Sim, Scharf & Phillipson, 2004) showed that the most important determinants of the residents' wellbeing were their perception of poverty and their ability to cope financially. The importance of different components of wellbeing in older age thus varies according to an individual's personality, life stage and circumstances (Pinquart & Sorensen, 2000).

Research has further explored whether age affects individual wellbeing. In analysing the Australian Unity Wellbeing Index outlined earlier (3.1), Cummins (2013) concludes that 'Personal wellbeing appears to increase with age' (p. 17): people over 76 years old with an adequate income are among those with the highest wellbeing, at 77.9. ABS has similar findings: in 2014 overall life satisfaction in Australia was 7.6 (out of 10) and the highest estimate of all was for those aged 75 and over – at 8.1 (ABS, 2014a). However, one category that is very likely to include many older people - caring for a family member – has the lowest score of all by far, at 58.5 (Cummins, 2013).

Pinquart & Sorensen (2000) also found that subjective wellbeing (SWB) does not decrease with old age, when 'the increased risk for losses in health and competence, social networks and income suggest that older people should have lower levels of SWB than younger people' (p. 187). However they acknowledge that this finding is 'contrary to expectations' and 'paradoxical'. Pinquart & Sorensen's meta-analysis, a synthesis of 286 studies on the influences of socioeconomic status, social networks and competence on older people's subjective wellbeing, has an overall finding that 'competence and social network' influence the stability of wellbeing into old age (p. 199). Other researchers have also described the 'disability paradox': and expressed surprise that people with serious and persistent disabilities, which includes many older people, report that they experience a good quality of life when to most observers they seem to live an undesirable daily existence (Albrecht & Devlieger, 1999; Jang et al., 2004).

Other studies offer answers to this view of older people's wellbeing. Older people have been shown to use a variety of coping strategies to help them adapt to problems in their lives (Lazarus & Folkman, 1984; Skinner, Edge, Altman & Sherwood, 2003). Coping strategies are defined as 'activities taken to master, reduce or tolerate environmental or intrapsychic demands perceived as representing potential threat, existing harm, or loss' (Aspinwall, 2004. p. 3). It was shown earlier (2.8) that older people experience many personal and environmental changes in their lives, some of them grievous losses. To return to equilibrium - homeostasis - they need to find ways to adapt to their changed personal and social circumstances.

One coping strategy that appears to be available particularly to older people is ‘wisdom-related knowledge’ (Smith & Baltes, 1990), or ‘knowhow’ (Kimberley, Golding & Simons, 2016), that is, the useful or functional knowledge that is needed to perform competently in society. Knowhow has been shown to be partly the result of an accumulation of experience over a lifetime on which older people can draw – remembering, interpreting and re-interpreting it in different situations and combining it with knowhow from new experiences (Kimberley, Simons & Wickramasinghe, 2015).

Another factor to aid older people cope with adverse events has been shown to be simply the passing of time. A meta-analysis of longitudinal data (Luhmann, Hofmann, Eid & Lucas, 2012) examined eight life events, two of which have special relevance to older people - bereavement and retirement - and showed that adaptation over time can help to restore feelings of wellbeing even after major negative life events. The meta-analysis cited a study (Lucas, Clark, Georgellis & Diener, 2003) which found that although the rate of recovery was slow, wellbeing was found to increase over time as adaptation took place, even when the initial impact on wellbeing was very negative, as in bereavement. The meta-analysis gave very little detail on what factors might aid adaptation, apart from citing one suggestion (Wilson & Gilbert, 2008) which proposed that people adapt as soon as they find an explanation for the event, finding a difference between active initiation of an event (such as retirement) or whether it was entirely out of the individual’s control.

Research overall indicates that although negative life events and circumstances can affect adversely, most people, including older people, will over time adapt to their changed circumstances and their wellbeing will be at least partially restored. Two aids to restoration are internal personality factors like optimism (Seligman, 1992; Fredrickson, 2001), and outside help and support (Diener et al., 2009; Harms, 2005).

### **3.3 Older people’s views on their wellbeing**

The extensive literature on wellbeing in older age shows how important its maintenance is to older people themselves. The unprecedented opportunities for a longer life in old age resulting from demographic change should also be a chance to lead an active, useful and enjoyable life beyond the lifestages of paid work and raising a family and before the onset of debility and death, on the premise that ‘there is more to life than [paid] work’ (Carr, Biggs & Kimberley, 2013, p. 5).

The growing recognition of global changes in ageing and its impact, together with the recognition of the intra and interindividual variations in older people’s feelings of wellbeing, have led to the suggestion that new research approaches are needed to understand and ultimately to enhance the ageing experience (Blair & Minkler, 2009). Black & Dobbs (2015, p. 138) argue that: ‘it is critical to incorporate and appreciate the authentic voice of older adults’ in research. Studies of older people’s own opinions of their wellbeing are now explored.



Studies in several different countries of older people's views of their wellbeing find broadly similar lists of the various components. A national survey was conducted in Britain in 1997 to discover the views of 999 older people aged 65 or over living in their own homes. The report, significantly entitled '*Let's Ask Them*', (Bowling et al., 2003; Gabriel & Bowling, 2004) found respondents saw their wellbeing as made up of six key components: social relationships; a safe home and neighbourhood with access to local services including transport; engaging in hobbies and leisure activities as well as social activities; a positive psychological outlook and acceptance of circumstances; good health and mobility; and having enough money to meet basic needs, to participate in society, to enjoy life and to retain one's independence and control over life.

In a study of 153 Swedish-born men and women aged 65 and over, Wilhelmson, Andersson, Waern & Allebeck (2005) found that : 'social relations, functional ability and activities may influence quality of life as much as health status'(p. 597). A recent study of ageing in the United States seeking to find *what matters most* to older people living in the community (Black & Dobbs, 2015) yielded five key themes, including: preserving and promoting health and wellbeing; continuing living arrangements and lifestyle; maintaining autonomy and independence; engaging in meaningful social opportunities; and accommodating community assets such as housing, transport and health care (p. 144). Black & Dobbs found one overarching classification underlying all the themes: *continuity of one's life* (p. 143).

Hoyer & Roodin's (2003) study of adult development and ageing identified the components of wellbeing as: 'positive relations with others, self-acceptance, a purposeful life/sense of meaning, autonomy, environmental mastery and continued personal growth' (p. 132). Another study into wellbeing that consulted older people found the components to be: social support and participation, trust and reciprocity about the local neighbourhood, health and financial security (Wiggins et al., 2004).

Finally, a review of eleven studies in six different countries (United Kingdom, China, USA, Australia, Canada and Bangladesh) into the relationship of social capital and mental wellbeing in older age (Nyqvist et al., 2013) found widespread evidence of the importance of social participation and social networks via friends, family and neighbours (p. 401). Other factors found included purpose in life, personal growth, self-acceptance, autonomy and environmental mastery.

From analysis of these studies, it is clear that older people recognise a number of different components making up their personal view of wellbeing, and that there is broad agreement on those they find important. Gabriel & Bowling (2004) sum up the commonalities and individual variants of the multi-dimensional concept of wellbeing revealed in these studies of older people's own views:

Quality of life for the [older] respondents is built on a series of inter-related main themes. These reflected commonly-held core values, while individuals also articulated sub-themes reflecting their particular lives. (p. 689)

### **3.4 Components of older people's wellbeing**

This review now explores the literature on specific components of wellbeing which the studies of older people's views cited above found to be important to them: social relationships, social support, participating in activities, finding meaning and purpose, and staying in control of one's life.

This study earlier (2.8) reviewed the literature on the changes that people experience as they grow older. It is suggested that the qualities that older people have been shown to recognise as 'wellbeing' are among those affected by these changes, and that older people's search for wellbeing is their attempt to restore or replace satisfactory experiences that have been lost or diminished in older age.

#### **3.4.1 *Social relationships***

The value that older people place on social relationships for maintaining their feelings of wellbeing emerges from all the studies of older people's views of their wellbeing just discussed; some studies even suggest that social relationships are the single most important source of happiness (Diener et al., 2009; Reis & Gable, 2003). Diener & Seligman's (2002) study of 'very happy people' found that every single very happy person in their study had excellent social relationships; these relationships lead to further benefits such as coping with major life stresses like bereavement and illness, and building prosocial behaviour – judging others more positively and increasing helping behaviour and volunteering (Isen & Levin, 1972; Thoits & Hewitt, 2001).

The changes in social relationships likely to occur in older age were outlined earlier (2.8.1.2), showing that there were changes in family relationships which could be compensated for by relying more on increasing the time spent with close friends. These changes can be involuntary, as in the case of loss of a spouse (Neimeyer, 2001), or a proactive strategy to adjust social networks to changing needs (Lockenhoff & Carstensen, 2004).

A number of studies support the view of the importance of friendships in older age (Adams, Leibbrandt & Moon, 2011; Diener et al., 2009). Individuals in friend-focused networks have been shown to have greater subjective wellbeing than in the networks restricted to family (Fiori, Smith & Antonucci, 2007). Unlike family relationships, people tend to choose their friends from the same generation with similar life experiences; across the lifespan people change their age group membership but remain in the same generation (Weiss & Lang, 2012), and this 'convoy model' of social networks among friends is a source of wellbeing (Kahn & Antonucci, 1980).. Litwin (2009, p. 599) finds that: 'People maintain distinctive personal social network structures that accompany them over time, but ... these structures change in response to different situations'; for instance, changes in individual circumstances such as a change in health, or changes in the social network.

Researchers differ in their views on the effects of social interaction on health. Bennett (2005) finds that social engagement significantly predicts future subjective health, but sees no significant prediction of objective health. Bennett suggests that the two types of health - subjective or self-assessed, and objective – reflect two different aspects of health, and that: ‘At a practical level, it is possible that by encouraging older adults to participate socially and to maintain their social engagement, they will be more likely to consider themselves healthy at a later stage.’ (p. 52). In contrast, Seeman, Lusignolo, Albert & Berkman (2001), writing in *Health Psychology*, found direct links between social interaction and objective health – in neuroendocrine and cardiovascular reactivity and better cognitive functioning. White, Philogene, Fine & Sinha, (2009) also explain the link between real or perceived social isolation and poor health, finding that isolation and lack of support are stressors that affect the immune, metabolic and cardiovascular systems as well as leading to poor health behaviours. Social networks even affect older people’s rates of survival (Giles, Glonek, Luszcz & Andrews, 2005). Jang et al. (2004) also found that:

Social engagement not only provides physiological (e.g. immune system function, cardiovascular reactivity, pulmonary fitness) and psychological (e.g. sense of belonging, self-esteem, purpose of life) benefits but also promotes healthful behaviours (e.g. smoking cessation, proper diet, exercise, help-seeking behaviour), which, in turn, enhances physical and emotional well-being. (p. 267)

Such studies indicate that social interactions can have positive effects on both health and wellbeing in older age.

### **3.4.2 Social support**

Social support is another important source of wellbeing in older age, when changes in lifestyle can increase stress and diminish personal coping resources (Bowling, Seetai, Morris & Ebrahim, 2007). Social support has been shown to have a positive effect on older people’s feelings of wellbeing in times of loss and trauma because it enables them:

To talk about their situation in ways that assist them in improving how they feel. Emotions such as sadness, grief, anxiety, fear, anger, shame and embarrassment can be managed by supportive behaviours involving both emotional and physical assistance. (Penner, Dovidio & Albrecht, 2000, p. 72)

Harms’ (2005) study of ageing notes three main types of social support: emotional support – love, understanding and counsel; material support of money or food; instrumental or practical support such as child care. The three kinds often overlap, and Scott (1992) sees the distinction as artificial. There are also mixed motives for giving support: compassion at another’s distress, guilt when comparing one’s own situation, and empathy that creates ‘oneness’ between the helper and the recipient can all play a part ( Batson, Van Lange, Ahmad & Lishner, 2003; Cialdini, Schaller, Houlihan et al., 1987).

The literature also points to evidence that older people largely depend on two sources of informal support: on family members for personal care and advice on personal problems, and on friends for emotional and practical support - as people to talk to when depressed, to borrow small items, and a source of transportation (Wenger, Burholt & Scott, 2001). Social support in older age is linked to social relationships; friends provide companionship and emotional intimacy (Rubin et al., 2009), and they can also play a support role in helping to adapt to stress and change, for instance in support groups for breast cancer survivors (McDermott, 2002).

The essence of this support is *exchange*: the expectation that the support will be reciprocated in some way, either directly, or within a communal relationship where benefits are freely given in response to others' needs because of a feeling of responsibility for another's wellbeing (Clark & Pataki, 1995). The ability to give as well as to receive is important for older people's feelings of wellbeing because it offers them a positive social role (Stevens, 1992; Warburton & McLaughlin, 2005, 2006).

Research has illustrated how social support within a social network works as a protective function to reduce the impact of stress in two ways (Berkman, Glass, Brissette & Freeman, 2000; Felton & Berry, 1992). In the long term – the 'main effect model' –social support provides regular positive experiences, a set of stable roles and expectations, and feelings of self-worth (Cohen, 2004; Hutchinson, 2011). This positive influence means that situations are not perceived as threatening in the first place. Social support also acts as an intervening factor between a stressful life event and the perception of threat - the 'stress-buffering model' – (Gottlieb, 1981; Harms, 2005); the stressor is recognised but the person has internal and external resources to manage successfully (Martin, 1997).

Exchange of support within the older generation contrasts with help from authorities such as social workers or from other outsiders which, because it is not reciprocal, can disempower older people by lowering their feelings of independence (Thursz, Nusberg & Prather, 1995) , though much depends on the qualities and attitude of the support giver (Merz & Huxhold, 2010; Allen & Wiles, 2014).

### **3.4.3 *Participation in leisure activities***

Participation in activities and hobbies plays an important role in older people's feelings of wellbeing (Broughton & Beggs, 2007).

The increase in free time available after leaving the paid work force or when the children have left home is an opportunity for leisure activities, that is, 'those activities one does during unobligated time' (Sperazza & Banerjee, 2010, p. 202). Older people can see this freedom as a chance to seek out enjoyable and personally relevant experiences (Litwin & Shiovits-Ezra, 2006; Stebbins, 2002). Harms (2010) argues the benefits of an engaged lifestyle in maintaining wellbeing in older age:

How and where older people spend their day can have a profound impact on health and wellbeing, as daily occupations shape a sense of identity and self-worth and provide important relationships and connections. (p.379)

Research into older people's wellbeing has found that participation in leisure activities can offer a variety of benefits: 'The context of leisure is an opportunity for a wide range of experiences, from trivial, self-indulgent escape to self-expanding personal expressiveness' (Kleiber et al., 2002, p. 231). For some older people, activities can help to replace losses: retirees feel higher life satisfaction if they see the activity as a challenge and as an opportunity to show competence, as previously in the paid workforce (Hoyer & Roodin, 2003); so an active leisure is a means of affirming one's identity at a time of life when other roles may have been lost (Hendricks & Cutler, 2004). For many, the focus is on building a social environment (Beggs, Kleparski, Elkins & Hurd, 2014). Others find fulfilment in mastery and self-improvement by accomplishing an activity for its own sake rather than its instrumental value (Wrzesniewski, Rozin & Bennett, 2003). Still others find enrichment in helping others through volunteering (Onyx & Warburton, 2003).

Leisure activities also act as a resource for coping with problems of stress and illness; for many older people with chronic pain, activity and involvement can help to reduce the problem of living with pain and to give meaning to their lives (Richardson, Moore, Bernard, Jordan & Sim, 2015). Hutchinson, Loy, Kleiber & Dattilo's, (2003) study of leisure as a coping resource in cases of illness and injury describes three different coping strategies available through taking part in activities. One is as a palliative break that allows people to feel refreshed, to regroup, and to gain renewed energy and perspective to handle problems better. Another is as an enhancement of positive mood or reduction of negative mood, with the third the companionship and the shared involvement in leisure activities which buffer the effects of stress. The same study also found that leisure provided a context to connect with others based on shared experiences and the 'equalising' power of sharing an interest, and that doing things with their peers gave the participants a greater sense of belonging.

The activities that older people choose, and the satisfactions they derive from participation, reflect their different needs and capacities. By choosing and concentrating energy on a favourite activity - using Baltes' Selection, Optimisation and Compensation SOC strategy (Baltes & Baltes, 1990a) - an older person can compensate for declines in health or opportunity. For instance, a decline in physical activity can be compensated for by choosing a different activity (Brandstatter & Renner, 1990), or by increasing social participation (Jang et al., 2004).

Older people's leisure activities have been the subject of considerable research, for instance, categorising the activities most commonly found in older age. Janke et al. (2006) list four kinds of activities: informal – socialising with friends and family; formal – participation in clubs and organisations; physical activity; and productive engagement such as volunteering and care-giving. Schaie (2005) finds six types: household, social, educational-cultural, fitness, solitary,

communicative. Others classify 31 different leisure activities into five types: mental, social, physical, productive and recreational (Paillard-Borg et al., 2009). However, Caro, Burr, Caspi & Mutchler (2010) suggest that older people are not likely to make the distinctions that gerontologists make in defining activity: 'The manner in which activities compete with or supplement one another may cross the conceptual distinction of productive, social and physical activity' (p119).

Studies seeking global motives to explain older people's patterns of activity see motivation not as a single construct but a series of related but independent dimensions: mental health and physical health; cognitive health, as in being mentally alert; sociability and companionship, and altruism through contributing to the community (Caro, Caspi, Burr & Mutchler, 2009; Caro et al., 2010). These studies see there are different motives which help to explain overall activity levels, participation in specific activities and individual variations over time:

A global motivation to be active may also help to explain participation in multiple activities at any one time or sequential activity, that is, the movement from one productive activity to another. (Caro et al., 2009, p. 203)

Participation in leisure activities in older age has been shown to be important for maintaining older people's health (Lampinen, Heikinnen, Kaupinnen & Heikinnen, 2006), and even important to survival (Agahi, Silverstein & Parker, 2011). All three kinds of activity – mental, physical and social – as well as positive health behaviours such as good diet and avoidance of alcohol and smoking (Fillit, Butler, O'Connell et al., 2002) have been found to be protective factors for older people to maintain cognitive capacity and decrease the risk of Alzheimer's (Butler, Forette & Greengross, 2004; Karp, Paillard-Borg, Wang et al., 2006). Neuroplasticity - the discovery that the brain can be trained and developed through activities, even after damage such as can occur from a stroke – has helped to change views of older people's capacity to respond to mental stimulus (Doidge, 2007). Environments and activities that demand continued use and practice of intellectual skills can have a positive effect on cognitive maintenance into old age (Schaie, 2005).

With physical activity too, even small increases have been shown to have large effects on mortality in older age (Kokkinos, 2008; Chipperfield, 2008), on chronic conditions (Larson & Wang, 2004), particularly on the risk of Alzheimer's (Scarmeas, Luchsinger, Schupf et al., 2009; Wilson, Krueger, Arnold et al., 2007). Studies indicate that keeping up a regular program of physical activity can have beneficial results for both health – lower blood pressure, heightened resistance to disease, fewer functional limitations, and fewer falls - and for wellbeing through an increase in feelings of self-efficacy and satisfaction (Lampinen et al., 2006; Lee & Russell, 2003). Research points to the effects of simply going outdoors frequently, which can benefit the frail elderly; the more often they get out and about, the less functionally impaired, more socially active, and less depressed they are (Kono, Kai, Sakato & Rubinstein, 2007; Ziegler & Schwanen, 2011).

But studies show that even when older people are aware of and believe in the benefits of physical activity, many have a problem keeping to a regular activity program and may drop out of the program altogether (Dishman, 1994; Resnick & Spellbring, 2000; Schutzer & Graves, 2004). Clinical trials have shown that older people can find it time-consuming to perform the activity and also to reach the exercise facility, particularly if they are relying on public transport, and that they dislike the physical results – sweating and muscle soreness (Chao, Foy & Farmer, 2000). Participation in physical activity declines with age: ABS figures on participation in sport and physical recreation show that those aged 65 and over had the lowest involvement in a playing role (17%), and the lowest involvement overall (18%) (ABS, 2015b). Social interaction has an important role here, acting as a strong motivation not only to take up physical activities but to keep them up regularly. For instance, a study of the factors influencing participation in recreational walking conducted in Western Australia (Giles-Conti & Donovan, 2003) found that those walking in company with one or more significant others were more likely to achieve the recommended levels of walking than if they were walking alone. Group cohesiveness provides an even stronger motivation; participants who took part in a team-building and group goal setting program that built perceptions of similarity and closeness within the group had significantly higher rates of adherence than the control group (Eastbrooks & Carron, 1999).

Social engagement plays an important part in almost every study of older people's mental and physical activities; indeed, social ties can matter more than participation in activity as predictors of a happy old age (Litwin & Shiovitz-Ezra, 2006). Being part of a network has a positive effect in encouraging good mental and physical health behaviours and discouraging poor ones (Hawkey et al., 2009). Whatever the chosen activity, opportunities to take part in their choice of activities in company with others who share the same interests are vitally important to older people's positive feelings of wellbeing. A review of studies of older people's involvement in leisure activities (Gibson & Singleton, 2012) showed that it has a significant impact not only on their social wellbeing, but on their physical, psychological, spiritual wellbeing too.

An important general characteristic for older people's feelings of health and wellbeing could be *active* participation in whatever activity they choose. A review of the literature on the enhancement of healthy ageing through active participation in the arts – dance, theatre, music, visual arts, expressive writing – found improvements in memory, creativity, problem-solving and everyday competence, physical gains in reaction times, balance and gait, and benefits to quality of life (Noice, Noice & Kramer, 2014).

Other studies have debated whether change or continuity characterise older people's participation in leisure activities. Agahi, Ahacic & Parker (2006) found that over half those involved in social and outdoor activities in middle age continued into old age, and that starting new activities in old age was rare though it did occur. Similarly, Janke et.al. (2006) found that older people rarely make dramatic changes in their leisure behaviour. Continued participation has been shown to have a positive association with feelings of wellbeing, in research into a continuing education program in Canada (Narushima et. al., 2013).

However, Iso-Ahola (1999) found that leisure behaviour is a dynamic process, where people seek stability *and* change, familiarity *and* novelty within their physical and mental capacity. It appears that both continuity and change in activities can play a part in older participants' wellbeing. Nimrod & Kleiber (2007) found that: 'Although some leisure activities provided women with a sense of familiarity, security and continuity, other practices allowed them to develop new interests, to focus on themselves, and to improve their self-attitudes' (p. 5).

Other studies have explored the extent of participation in leisure activities in older age. In Australia, older people have been found to take part in activities: over half (55%) of those aged 65 – 69, and 44% of the 70-74 age cohort are involved in at least one activity (ABS, 2015c). A study in Sweden concluded that a majority of older people there are active, finding that in an age cohort aged 75 or older, seven in ten engaged in at least one activity, and half took part in at least two (Paillard-Borg et al., 2009). Another Swedish study (Agahi & Parker, 2005) found that older people's participation in leisure activities had increased over the ten years 1992 to 2002, and suggested a number of reasons for this increase. These included changes in traditional gender roles, increased material and financial resources, improvements in health, and access to personal support and health care. In a conclusion of great relevance to the current study, Agahi & Parker suggest that future cohorts of older people may have higher expectations about their participation in leisure activities, and that this will put greater pressure on organisations and authorities to provide more opportunities for older people's participation: 'Accessibility issues will become more important as more active cohorts mature' (2005, p. 938).

Recent research in Israel into leisure in later life (Nimrod & Shrira, 2016) shows that the importance of leisure activities to wellbeing increases with time; inactive respondents showed a decline in wellbeing, while those with high levels of leisure involvement showed an increase. Nimrod & Shrira (2016) attribute this to their finding that leisure may act as a resource of resilience in old age. However, they also find a paradoxical situation – older people who may benefit more than younger people are precisely the ones who face the greater number of constraints on their use of leisure. These constraints are identified as: health related; psychological, such as lower motivation, low self-efficacy; cultural-environmental such as social isolation; and technical, for instance the availability of activities and the older person's own mobility (p. 107). Nimrod & Shrira (2016) have a similar finding to Agahi & Parker (2005) in their argument that 'the principal challenge at the personal and social levels alike is the quest for means that help older adults negotiate constraints to leisure.' (p. 110)

#### ***3.4.4 Finding meaning and purpose through learning and volunteering***

Two activities in which many older people take part – learning and volunteering - have been shown to contribute to older people's feelings of wellbeing by helping them to realise developmental gains and to compensate for losses or diminishments resulting from life transitions (Kruse & Schmitt, 2001; Mulligan, Scanlon & Welch, 2008; Piliavin, 2003; Greenfield & Marks, 2004). Participation in learning and volunteering are ways to find the



meaning and purpose which are strongly associated with wellbeing (Headey & Wearing, 1992), as people work towards personal goals that derive from their most important and meaningful values (Carlson & Clarke, 2010; Diener & Suh, 1997).

Learning in older age can be motivated by ‘disjuncture’, that is, ‘the inability to understand, accommodate or respond to a given situation by drawing on one’s previous knowledge, beliefs or skill’; to resolve the disjuncture, a person needs to engage in ‘one or more cognitive, emotional or action-oriented processes of learning that result in personal change’ (Jarvis, 1987, in Chovanec & Johnson, 2012, p.132). Peterson (1983) the American educational gerontologist summed up the value of learning in the management of a successful transition to and living in older age:

Education may be designed to help the older person to understand the changes occurring within society, to be able to anticipate changes, and to prepare for them. Likewise, education may help to clarify the physical and psychological changes occurring within the individual that may cause concern if they are not differentiated from the pathological conditions that occasionally occur in later life. (p.9)

These arguments are supported in Kearns’ report on future directions for lifelong learning in Australia (2005). The report called for development of opportunities for learning throughout life for all, to cope with ‘the radical impact of global forces, rampant technologies, and exponential pace of change, and considerable discontinuity with the overturning of established paradigms’ (p. i).

Studies of learning in older age have examined the kinds of learning experiences that older people want (Duay & Bryan, 2008). Older people who do not intend to return to paid work are likely to seek out activities and occupations they find personally rewarding in their current lifestage (Wright St-Clair, 2012) and which provide opportunities for self-fulfilment and active participation in the cultural life of their community (Elmore, 2000). This is likely to be through informal or non-formal learning, the kind found in libraries, senior citizen centres, religious institutions and community organisations, rather than through formal instruction (Hamil-Luker & Uhlenberg, 2002).

Older people have been found to gain great benefit from ‘the sometimes disparaged leisure courses’ which are more likely to sustain and enhance their feelings of wellbeing over time than participation in narrowly focused vocational courses (Jenkins, 2011, p. 414). The author’s previous study of the range of leisure activities offered by older people’s community groups (MacKean & Abbott-Chapman, 2011) found that these activities have an important but often incidental learning component. For older people the successful outcome of such learning will be, not a certificate of achievement or job promotion, but feelings of self-worth leading to psychological wellbeing (Harms, 2005; James, 2000). Cross (2004) found clear evidence to show that ‘so-called leisure learning has significant individual and community benefits’ because it can

clearly and positively help to address health and social problems: ‘Sadly [in Australia] the vocational emphasis of adult learning policy has created a culture in which non-vocational learning and non-vocational outcomes is [sic] given little value’ (p. 5).

The term ‘knowhow’ has been used in recent research in Australia to describe the useful or functional knowledge needed to perform competently in society in later life. Knowhow was mentioned earlier (3.2) as a useful coping strategy in older age. Kimberley et al. (2015) found four main themes of knowhow valuable in later life; these included basic life skills such as running a household; managing finances and accessing services; health and wellbeing for oneself and others; and looking ahead and planning for future life events and transitions so as to maintain control independence and control as far as possible. The processes by which such knowhow, or practical wisdom, is acquired in older age have also been the subject of research. Kimberley et al. (2015) identified five processes: personal attributes and skills such as interest, initiative and self-confidence; access to information from many sources including word of mouth; drawing on a lifetime of accumulated knowhow to interpret new situations; intentional strategies to build knowhow for particular interests and hobbies; and above all, social interaction, observation of others, and participation in group activities (p. 20). This agrees with Vella’s (2002, p. 85) identification of : ‘Friendship but no dependency, fun without trivializing learning, dialogue between adult men and women who feel themselves peers’ as one of 12 principles for adult learning.

These studies of practical wisdom have similarities to previous research into wisdom, known as the Berlin Wisdom Paradigm, at the Max Planck Institute. Baltes & Freund (2003) defined the paradigm as ‘an expert knowledge system concerning the fundamental pragmatics of life, including knowledge and judgment about the conduct and meaning of life’, with fundamental pragmatics defined as ‘knowledge and judgment about the most important (fundamental) aspects of the human condition and the ways and means of planning, managing and understanding a good life’ (p. 252). This paradigm was based on earlier studies of wisdom at the Institute. For instance, one study (Baltes, Staudinger, Maercker & Smith, 1995) asked four different groups – older clinical psychologists, highly educated old and young, and a group of ‘wisdom nominees’ - to respond to case studies of life dilemmas. The responses were assessed on previously established criteria of wisdom-related knowledge (Smith & Baltes, 1990). The wisdom nominees performed as well as the psychologists and were found to excel in the task of existential life management. In this sense, ‘wisdom’ is seen as practical knowledge or procedural knowledge that is closely related to life experiences, and can be applied to solving problems such as life-planning tasks (Lu, 2001). Such knowledge is acquired by doing, and developed through practice over time (Koedinger & Corbett, 2006), as in an apprenticeship (Eraut, Alderton, Cole & Senker, 2000); it is often learned implicitly, without awareness that one is learning, or being able to explain what has been learned (Stadler, 1989; Eraut, 2000).

An actual example of this kind of older people’s learning – practical, implicit, and leading to the acquisition of coping skills - has been the subject of research, much of it in Australia (Golding,

2009, 2011). This is the Men's Shed movement, where understanding and participation have been shown to be the basis of the informal learning found there. In their analysis of the breadth and importance of informal learning in Men's Sheds, Golding, Brown & Foley (2009) recognise that:

Individuals learn in social situations, in particular places and contexts, making their own culturally negotiated meaning and understandings – where learners are always learning, through activities and guidances, though this can often be in indeterminate ways. (p. 43)

Golding and his fellow researchers have demonstrated that Men's Sheds offer their participants many dimensions of wellbeing: social inclusion for older men who otherwise are missing or excluded from much adult and community education; support and friendship in their own *third place* – other than work and home; an opportunity to give back to the community; and socialising and sharing their knowledge and skills (Golding, 2009, 2011; Golding, Brown & Foley, 2009). Another study of Shedding in Australia (Ford, Scholz & Lu, 2015) found that the shared social identity and feeling of belonging engendered through participation was positively related to men's physical and psychological wellbeing and encouraged men to be more ready to learn and act on advice about their health behaviours. Participation in Men's Sheds can also buffer the changes in health and social networks experienced in later life by providing opportunities to acquire knowhow informally in a community setting (Kimberley et al., 2016).

Research has shown that learning in older age –for personal satisfaction and enrichment and acquiring knowhow to cope with personal and societal change –has beneficial effects on individuals' feelings of wellbeing (Harms, 2010; Findsen, 2005) and on their health (Narushima, 2008). Learning is an essential ingredient in the development of the third age as the age of achievement and fulfilment (Laslett, 1991).

Volunteering is another strategy for finding the meaning and purpose associated with personal wellbeing in older age. Australian research has found a positive relationship between older people's motivation to volunteer and their subjective wellbeing (Taghian, D'Souza & Polonsky, 2012); Australians aged 65 to 84 make the highest contribution to voluntary work – almost twice that of all other volunteers (ABS, 2010),

Participation in voluntary activities contributes to older people's feelings of wellbeing in a variety of ways. The personal satisfactions of feeling one is doing something worthwhile; making use of one's skills and experience and learning new skills; a chance to be active and involved, and the chance to 'pay back' for benefits received, have all been identified as reasons why older people volunteer (Narushima, 2005; Gill, 2006). In a study of the attitudes, actions and interactions of the users of a senior centre in Norway, Lund & Engelsrud (2008) found that volunteering and contributing to the activities, rather than simply attending, gave the older participants feelings of being useful and productive.

Volunteering has been shown to provide special benefits for older people, including the chance to use their skills and experience while gaining information and skills for themselves, increased social contact with a wide range of people, and increased self-esteem and self-reported health (Gill, 2006; Morrow-Howell, Hinterlong, Rozario & Tang, 2003). Participation in volunteer activities can replace losses of roles from previous lifestage; it is one of the few formal roles available to older adults after they have left the paid workforce (Morrow-Howell, 2010; Greenfield & Marks, 2004). Taking up volunteering is an important recovery strategy after bereavement, providing continuity and social participation (Hansson & Hayslip, 2000). Older volunteers find satisfaction in the opportunities for friendship and social contact, as well as the sense of achievement in contributing and helping others (Green & Blackett, 2004). Narushima (2005) argued that volunteering in the community gives retirees opportunities to sustain their self-esteem and sense of wellbeing because of its embedded self-help and transformative mechanisms.

A particular kind of volunteering in older age is *generativity*, that is, a wider concern for others and a desire to contribute to younger generations (Narushima, 2005). Erikson et al. (1986) found generativity to be the particular role for people in the final sequence of lifestages, when they see the opportunities for caring, nurturing and maintaining as parents, grandparents, mentors, advisers and old friends as their part in the generational cycle. So volunteering offers older people an opportunity to maintain and even better the world and leave positive legacies for future generations (Warburton, 2014; Warburton, McLaughlin & Pinsker, 2006). Studies have described a range of generative actions in family, such as the role of grandparenting, and in the wider community (Warburton, 2014; Hughes, Waite, LaPierre & Luo, 2007; Peterson, 2002).

Generativity has been found to play an important role in other spheres such as perpetuating cultural values, so creating a legacy for later generations (Kotre, 1984; Kane, 1996; Cheng, 2009). An Australian study (Warburton & McLaughlin, 2007) found that Indigenous elders and older migrants played critical cultural roles in their communities, passing on cultural knowledge through their narratives and modeling. Another Australian study of intergenerational programs in Men's Sheds (Wilson, Cordier & Whatley, 2013) found that older men with a strong sense of generativity were able to instil values of respect and tradition in a group of at-risk teenagers, and felt a sense of accomplishment and enhanced self-worth themselves.

Generativity can also motivate concerns for the environment and the need to preserve it for future generations (Alisat, Norris, Pratt, Matsuba & McAdams, 2014). Erikson et al. (1986) argued that older people are naturally conservationists and that their long memories and wider perspectives lend urgency to the maintenance of the natural world. So older people may particularly support the cause of environmental sustainability (Carr et al., 2013).

The verdict on the benefits of volunteering in older age appears to be unanimous: a survey of the literature over three decades confirmed the 'substantial body of evidence' that volunteering affects wellbeing (Morrow-Howell et al., 2003, p. S142). Older volunteers are much more likely

than non-volunteers to be active in their community, to attend community events, have a say in their community on important issues, and to have higher overall life satisfaction (ABS, 2010).

Volunteering is also associated with benefits to older people's health (Onyx & Warburton, 2003; Gill, 2006). Morrow-Howell (2010) sums up the dual benefits of volunteering in older age as 'win-win' - social value to society and personal benefits to older people (p. 465).

The studies discussed in this section show that both learning and volunteering benefit their participants by giving them opportunities for meaningful activities that support their feelings of achievement, self-efficacy and self-esteem. Both allow older participants to continue previous interests in a new form and to share their satisfactions with others, with the underlying benefit of learning how to make up for losses and how to cope successfully with change in the third age lifestage.

### ***3.4.5 Strategies for maintaining personal control***

One of the elements of wellbeing that comes under threat as people grow older is their perception of their personal control, that is, their belief that their intentions or actions can influence outcomes in the environment (West & Yassuda, 2004). It was shown earlier that older people face an increasing number of life events outside their control - loss of family and friends, loss of a job, loss of income. They can also face stress from long-term conditions such as chronic disease, and role strain through caring for another (George, 2005). The ultimate loss of control, one that many older people fear, is the onset of dementia (Townsend et al., 2006). Bailis & Chipperfield (2002) suggest that: 'the more that one regards events as unpredictable and uncontrollable, the more stressful they are' (p. 268). Even a tiny amount of perceived control can make a difference to feelings of wellbeing, as in the classic case of caring for a potted plant in a nursing home (Langer & Rodin, 1976).

External social change can be another threat to older people's feelings of control and continuity. Lazarus & Folkman (1984) found: 'Social change can produce a loss of the anchors on which people have long depended, thereby creating a sense of foundering in a world that no longer seems predictable or even familiar' (p.253). For instance, the rapid expansion in the use of information technology has been found to threaten some older people's sense of control by creating a 'digital divide' between generations (Hoffnung et al., 2013).

Research shows that individuals develop many different strategies to cope with threats they see to their maintenance of control over their lives as they grow older (Skinner et al., 2003; Hansson, Hilleras, & Forsell, 2005). Moritsugu et al. (2010) summarise many of these studies of strategies and their different names for positive and negative reactions to stress: such as approach coping – taking action to solve the problem – and avoidant coping (Schaefer & Moos, 1992; Saade & Winkelmann, 2002). Other names for coping styles include: active/avoidant (Carver, Scheier & Weintraub, 1989) and adaptation and development/avoidant (Hildon, Montgomery, Blane, Wiggins & Netuveli, 2010). Another review of the literature (Skinner et al., 2003) identifies as

many as thirteen strategies: active - problem solving and seeking information and support, and passive - social withdrawal and helplessness. The general verdict in these studies is that adopting strategies will help older people to maintain feelings of wellbeing in the face of personal and environmental changes and help them maintain personal control.

Other studies of coping strategies describe them in terms of primary and secondary control (Heckhausen & Schulz, 1995; Bailis & Chipperfield, 2002) or internal and external loci of control (Rotter, 1966). The more active primary strategy, by which a person modifies their environment according to their own goals (Heckhausen & Schulz, 1995) is tried first, but research has shown that secondary control –modifying goals and accepting and adapting to circumstances – is more common in older age (Harms, 2005; Ranzijn & Luszcz, 1999). Particular strategies include self-efficacy, that is avoiding activities which people believe are beyond their coping ability, and undertaking those they see themselves capable of handling, is a useful adaptive strategy (Bandura, 1977, 1997). Similarly, the use of Selection, Optimisation and Compensation SOC strategies (Baltes, 1997) has been shown to be increasingly useful in older age as a way to maintain feelings of wellbeing and control (Jopp & Smith, 2006).

Older people may try also *assimilation*: active and intentional efforts to change their life circumstances to reduce the discrepancy between their actual and desired state (Riedeger, Li & Lindenberger, 2006), for instance, replacing losses in social relationships with family or work colleagues by seeking out new friends. If assimilation fails to work, they may shift to *accommodation* or *acceptance*: adjusting their preferences and goals to suit the constraints of the unavoidable and irreversible changes that accompany ageing (Wrosch, Scheier, Carver & Schulz, 2003). Given that there are some things that cannot be changed, it is better to accept them rather than let them get you down (Ranzin & Luszcz, 1999; Dittmann-Kohli, 1990). In some circumstances, strategies that use avoidance and acceptance are positive ways of coping; for instance, avoidant coping as an adaptive response has been shown to a better outcome than active coping after a heart attack (Ginsberg, Solomon & Bleich, 2002). Growing old is usually a gradual process, so most people have time to adapt to changes in ways that allow them to maintain a sense of control (Skaff, 2007).

Another strategy used in older age is *reminiscence*: reviewing or narrating one's life story to find meaning; reminiscence has been shown to affect wellbeing by acting as a protective function (Cappeliez, Guindon & Robitaille, 2008; Butler, 1963). Another protective mechanism is *attachment*; first theorised by Bowlby (1969, 1973) for infants, attachment and the need for attachment figures have been found to be activated when an individual of any age experiences distress. Mikulincer & Florian (2004) found that: 'proximity to significant others can be seen as an inborn affect regulation device which allows people to manage distress with the assistance of others' (p. 29).

*Resilience* – flourishing despite adversity – is another adaptive strategy, partly innate, but it can be learned through experience of adverse events which give a set of skills to deal with current

adversities (Gilgun, 1999; Hildon, Smith, Netuveli & Blane, 2008). Resilience was a quality of the ‘heroines’ admired by other older people (Townsend et al., 2006) discussed earlier (2.9.2). Hildon et al. (2010) have even suggested that ‘resilience’ should be the goal in old age, not ‘successful ageing’, because this would override the idea that ageing successfully is no longer possible once health deteriorates and disability sets in.

Underlying all the successful coping strategies to maintain wellbeing in older age would appear to be a process of *adaptation*, described as ‘the allocation of limited resources’ (Riedeger et al., 2006, p. 291) in a time of personal, social and environmental change.

Many of the strategies that older people use are social ones, conducted in the presence and often with the involvement of others. When older adults perceive themselves as unable to exercise direct control over their lives, the concept of collective self-esteem can help their feelings of wellbeing; having recourse to a positive social identity may enhance their coping ability and thereby foster good health (Bailis & Chipperfield, 2002). These researchers saw collective self-esteem (CSE) as serving a compensatory function arguably closer to providing primary than secondary control. They also found that CSE’s positive contribution to primary control in the social domain may offset losses in primary control in the health domain.

Coping strategies such as empowerment and goal-setting can be developed through participation in activities and organisations, where ‘they may model others or gain experience by organizing people, identifying resources, or developing strategies for social change’ (Zimmerman 2000, p.47). Zimmerman calls these community organisations ‘mediating structures’, because they mediate between larger impersonal organisations and individual lives, and gives as examples churches, neighbourhood groups and service organisations.

It is clear from this brief list that older people can choose, learn, adopt and use a great variety of coping strategies in the all-important search for wellbeing.

### **3.5 Theories of wellbeing as the satisfaction of needs**

In the search for a unifying theory that can encompass the multidimensional concept of older people’s wellbeing and their need maintain it in the face of the changes in their lives, this study suggests a theory that sees **wellbeing as the satisfaction of needs**. These needs arise from the lived experience of the user and vary for an individual over time and between individuals according to their different circumstances.

The theory of wellbeing as the satisfaction of needs is a development of Maslow’s hierarchy of needs (1943, 1954, 1982), and was first outlined by Bradshaw in 1972. Bradshaw saw four dimensions or different types of needs: *Felt need*: ‘need, desire or subjective views of need which may or may not become expressed need’; *expressed need*, which is: ‘demand for felt need turned into action’; *normative need*: ‘defined by experts, professionals, doctors, policy makers and so on. Often a desirable standard is laid down and compared with the standard that actually

exists'; and *comparative need*, on which Bradshaw commented later (1994): 'I did not describe very well, [it] has to do with equity.' (p. 46). Comparative need has since been explained as 'the level of resources and benefits available to similar others' (Godfrey & Callaghan, 2000, p. 2), for example, in the allocation of health funds. Although Bradshaw has said he had 'no practical intent', and has described his concept as 'too imprecise, too complex, too contentious to be a useful target for policy' (1994, p. 45), the theory of wellbeing as the satisfaction of needs has been the subject of a 'vast literature' (p. 47) since then, in a number of fields.

Bradshaw's concept of needs has been developed further in Self-Determination Theory (SDT), a theory originating in the 1970s (Deci, 1971, 1975) and elaborated through several stages since then (Deci & Ryan, 1985, 1994, 2000, 2008; Ryan & Deci, 2000). SDT argues that there are three innate psychological needs: for competence, autonomy and relatedness. These basic needs are 'a nutriment essential for psychological growth' that 'parallels the role of physiological needs for physical growth' because 'both psychological and physiological needs concern the conditions and supports that are necessary for human beings to thrive' (Ryan & Deci, 2008, p. 657). The three basic needs are 'psychological vitamins' vital for the support and maintenance of individual's optimal functioning (Sheldon, 2011, p. 553).

Deci & Ryan (2000) see people's search for satisfaction as motivated by its absence: 'Hungry people act to get food, pained people act to get relief, and all behaviour can be traced back to disequilibria' (p. 230). They experience feelings of wellbeing when their intrinsic motivations are fulfilled: 'People will tend to pursue goals, domains and relationships that allow or support their need satisfaction. To the extent that they are successful in finding such opportunities they will experience positive psychological outcomes' (p. 230). Social contexts that facilitate satisfaction of these needs will promote both intrinsic motivations and self-determined external motivation (Deci & Ryan, 1994).

Further research into need satisfaction suggests that people feel more satisfied with life if their satisfaction derives from multiple life domains, because there is a limit to the satisfaction one can derive from a single domain. Sirgy & Wu (2009) describe this state as 'balance' – 'satisfaction or fulfilment in several important domains with little or no negative affect in other domains' (p. 185), because 'different life domains tend to focus on different human needs' (p. 194). Tay & Diener (2011) cite Diener, Ng & Tov (2008) in their finding that balance in life is desirable, because many resources, including hours of social time, show a decline in utility, just as money does. Tay & Diener conclude:

Because people need to fulfill a variety of needs, it is likely that a mix of daily activities that includes mastery, social relationships, and the meeting of physical needs is required for optimal SWB [subjective wellbeing]. (2011, p.363)



### ***3.5.1 Need satisfaction in older age***

Two papers based on one research study adopt a need satisfaction approach to measuring wellbeing in early old age (Hyde, Wiggins, Higgs & Blane, 2003; Wiggins et al., 2004). In the two papers the authors develop and apply a needs satisfaction measure (CASP-19) based on four domains: control, autonomy, pleasure and self-realisation. ‘ ‘Control’ and ‘autonomy’ are prerequisites of free participation in society’, and ‘it is the more active aspect of old age that we aim to map with the other two dimensions of our model, ‘self realisation’ and ‘pleasure’ (Wiggins et al., 2004, p. 696).

It is notable that these two studies virtually ignore Deci & Ryan’s third psychological need, relatedness. There are only two passing references to other people in the 19-item CASP-19 questionnaire (Hyde et al. 2003, p. 194). These are one of four statements under ‘Pleasure’ – ‘I enjoy being in the company of others’, and one of six statements under ‘Control’ – ‘Family responsibilities prevent me from doing what I want to do’. This relegation of ‘relatedness’ appears to ignore the many studies of older people’s ideas on the components of their wellbeing which rate social interactions very highly or even most highly of all (Bowling et al., 2003; Diener & Seligman, 2002).

The concept of need satisfaction has been applied in a variety of fields. In education, it has been shown that students who are intrinsically motivated are more likely to continue their education, and their competence and autonomy can be made easier by external support (Deci, Vallerand, Pelletier & Ryan, 1991). In the workplace, a number of studies have shown that basic psychological need satisfaction leads to better work outcomes such as performance, job satisfaction and psychological wellbeing (Gagne & Deci, 2005; Baard, Deci & Ryan, 2004; Mueller & Lovell, 2015).

Need satisfaction has also been widely adopted in health policy and practice for all ages. In a meta-analysis of health contexts, Ng, Ntoumanis, Thogerson-Ntoumani, Deci & Ryan (2012) identified 184 independent data sets from studies using SDT in health care and health promotion. Their evaluation of relations between practitioner support for patient autonomy and their need satisfaction showed: ‘The expected relations among the SDT variables, as well as positive relations of psychological need satisfaction and autonomous motivation to beneficial health outcomes’ (2012, p. 325). In particular health issues, SDT has been explored in relation to intrinsic and extrinsic motivations for physical activity (Ryan, Williams, Patrick & Deci, 2009), for aspirations for giving up smoking in the long-term (Niemic, Ryan, Deci & Williams, 2009), and self-determined motivation in cardiac rehabilitation (Rahman, Hudson, Thogerson-Ntoumani & Doust, 2015).

Other research into the satisfaction of needs focuses on older people’s health and wellbeing and the role of internal motivations. Much of current health practice recognises the agentic role older people can and should play in their own wellbeing, and the responsibility of service

providers to focus on supporting the attainment and satisfaction of their needs. A paper from the UK published by the Joseph Rowntree Foundation - *Exploring Unmet Needs: The Challenge of a User-centred Response* (Godfrey & Callaghan, 2000) sets out the principle:

Need should be considered in terms of services that facilitate older people's continued participation in valued activities. Thus a needs-based service response would be geared towards sustaining involvement in those activities that people find pleasure in doing or that are central to their perception of themselves as competent. (p. 15).

Godfrey & Callaghan (2000) see these needs as including: intimate and social relationships based on notions of reciprocity; maintaining a sense of purpose, meaning and competence; being able to retain involvement in valued aspects of life; engagement in meaningful activities; retaining continuity with place and relationships; sufficient income; and practical, social, personal care in ways that ensure autonomy and sense of control (Godfrey & Callaghan, 2000, p. 17). There are clear links between this approach and other studies of older people's wellbeing previously discussed (e.g. Bowling et al., 2003; Diener et al., 2009).

Godfrey & Callaghan's study moves service provision away from Bradshaw's 'normative need' – professional opinion and practice as the criterion – to acknowledge older people's right and capacity to retain control of their lives, and to recognise change within continuity as the means:

The focus on ageing as a process of learning and adjustment in which older people themselves are actively involved in developing their own coping strategies lays the foundation for an empowering rather than dependency-based conception of need. It lays bare the degree to which older people have the power to define a 'good' old age for themselves. The implications of this approach for assessing unmet need are that it begins with older people's definition and not from the service providers' perspective. (2000, p.16)

Need satisfaction as a source of older people's wellbeing appears to be one of the motivations underlying the Australian Government's current policy of encouraging 'Ageing in Place', though it is only briefly recognised in the documents. The bulletin *The Desire to Age in Place among Older Australians* (AIHW, 2013) cites the previous report on Ageing in Place (Olsberg & Winters, 2005) which states:

Home owners can use the significant investment represented by the home to give them financial options into old age, *while also enabling them to maintain family and community networks, as well as access to familiar services.* (AIHW, 2013, p. 2, AIHW italics)

Another innovative Australian policy mentioned earlier (2.5.2), Consumer-Directed Care CDC, put into effect in July 2014, also recognises the rights of the recipients of Home Care Packages to greater control and autonomy in the planning and process of their care. The stated aim of the CDC program is to support people to stay at home, and part of their communities, for as long as possible (Department of Social Services, 2015).

It appears from these examples that Self-Determination Theory, with its emphasis on control, autonomy and relatedness, has had an influence in many fields of policy and practice. Its application to older people shows it to have relevance in discussions of their wellbeing.

This section has examined the literature on wellbeing in older age. It has shown that wellbeing is generally seen as a multidimensional concept, with the salience of the different components varying depending on individual personality, changes in circumstances and the passage of time. Older people's views on the components of wellbeing were reviewed. In view of the changes, losses and diminishments in older age, the theory of wellbeing as the satisfaction of needs (SDT) was proposed as an explanation for older people's search for wellbeing.

In reviewing studies of older people's wellbeing, it was found that very few studies appear to have taken the next step – identifying *how*, *where* and *when* older people can find the opportunities for social contact, activities and self-realisation they feel they need to enjoy a good quality of life. This study argues that one possibility is through a resource that is readily available to older people: membership of a community group. The next section explores the literature on the characteristics of community groups and what is known about the groups that older people run for themselves and their peers.

### **3.6 Staying connected: Older people and their groups**

This section reviews the literature on community groups in order to understand and define the characteristics of a particular kind of group – the groups that older people run for themselves and their peers. As the Foreword explained, it was the writer's experience of participating in such groups and of observing other participants that led her to the view that the groups can play an important role in their participants' feelings of wellbeing, thence to a Masters and to the current study.

After an outline of the categories of community or Third Sector groups, the characteristics of one type, local voluntary groups, are examined. The review then examines the available literature on older people's peer-run groups and also on a type of organisation deemed to be similar. It ends with a summary of what is known about the benefits to participants of belonging to a peer-run group.

#### **3.6.1 *The Third Sector***

Community groups are found everywhere in the social order, because, as Fine & Harrington (2004, p. 344) comment: 'most public leisure life occurs in the company of others.' The groups to which older people are likely to belong are among the large and diverse type of community organisation known collectively as the Third Sector, that is, neither government nor business.

Terms used to describe organisations in the Third Sector point up their distinctiveness: 'non-profit sector' – unlike business, profit is not the motive; 'voluntary sector' (the preferred term in

the UK) – that is, participation is a matter of individual choice rather than a way of earning a living; and ‘non-government organisation’ (NGO) – generally used to refer to large public-benefit nonprofit organisations such as Red Cross (Lyons, 2001, pp. 8-9). Although these non-profits rely on the services of volunteers, they are largely run by paid staff.

Lyons (2001) makes a further distinction within the Third Sector, between the large public benefit organisations and the ‘member-serving organisations: cooperatives, mutual, social movement or advocacy organisations’ (p.9), which he defines as people’s or community organisations: ‘small third sector organisations operating in a limited geographical area’ (p. 9).

A study in Britain (Elsdon, Reynolds & Stewart, 1995) also draws the distinction between public benefit and member-serving organisations. One kind is ‘the spectrum of well-known and mostly long established charitable and philanthropic organisations’, employing staff as well as using volunteers which Elsdon et al. (1995) call ‘voluntary agencies’ or ‘volunteer employing agencies’. Elsdon et al. distinguish these from ‘local, self-governing, membership-based organisations’ (p. 3), which equate to Lyons’ people’s or community organisations.

Elsdon et al.’s study of organisations in the UK focused on what they call LVOs – local voluntary organisations, which they define as: ‘One which draws its membership from a limited area, is based on the principle of personal membership, is self-governing, and pursues objectives which are internal to itself’ (1995, p. 4). This definition can be applied to the self-governing groups that are the subject of this study, with the further distinction of a membership wholly or mostly of older people.

### ***3.6.2 The characteristics of local voluntary organisations***

The overarching characteristic of LVOs is that they are run *by* and *for* their members. They are self-governed by members who volunteer their services, pursuing the objectives that suit their members’ needs and interests rather than to benefit others. Lyons (2001) argues that LVOs exist because people have made an effort to form them. They generally grow out of pressure by bottom-up or emergent forces in response to a perceived shared need that is not being satisfied (McGrath & Argote, 2004), for instance, when people’s needs are not being met by other organisations, such as existing educational, social or health agencies (Forsyth, 2004).

Community organisations serve a variety of purposes. Darley (2004) makes a distinction between *task groups* or *work groups* which have the performance of certain tasks as their major purpose, as in a joint project, and *affinity groups* which have a social purpose – the opportunity to get together with like-minded others (p. 284). Lyons (2001) gives examples of the number and the great variety of these member-serving organisations that abound in every neighbourhood in Australia:

Many people belong to or draw services from and that hugely enrich Australian life ... Most Australians, approximately 65 per cent, belong to at least one third sector organisation, about 40% describe themselves as active members. (p. xi)

Australian statistics indicate the popularity of one kind of community group – those offering leisure activities. An average 60% of those aged 15 and over took part in sports and physical recreation in 2013-2014; for those aged 65 and over there were still reports of active participation but the figure declined to 47% (ABS, 2015b). Participation in ‘cultural activities’ specifically in arts and crafts, drew a 27% average, with only slightly fewer (23%) among those aged 65 and over (ABS, 2015c).

Rates of joining and leaving a group ebb and flow over the life course, because they can be affected by events such as marriage and parenthood (Cutler & Hendricks, 2000). Rotolo (2000) describes group membership as a dynamic process: ‘As an individual progresses through the life course, he or she may join associations, remain affiliated for a period of time, then quit’ (p. 1156).

Participation in a community group is a voluntary decision, and research has identified a number of reasons why an individual will decide to join a particular group. Homogeneity - sameness or similarity, and homophily - the attraction of like to like - are found to be important factors; people will choose to join a group when they perceive similarities of interests or experiences between themselves and other group members (Moreland & Levine, 2003). Research has identified a number of factors that can determine an individual’s ‘membership category’; age is one factor, along with gender, race and religion (McPherson, Smith-Lovin & Cook, 2001). Age appears to become a more salient factor as a person grows older; McPherson et al. found a greater distance between the 60+ age group and other age groups, attributing this to the social importance of retirement and other institutional pressures associated with ageing. The age homogeneity of contexts such as neighbourhoods and voluntary organisations are also suggested as sources of age homophily in positive ties such as friendship (Feld, 1982; McPherson et al., 2001, p. 424).

Within the group there are powerful homophily effects in who we consider to be the relevant others in the organisational environment: those to whom we compare ourselves, those whose opinions we attend to, and simply those whom we are aware of and watch for signals about what is happening in our environment (McPherson et al., 2001). Perceived similarity to others is increased by frequent contact, and this ‘proximity effect’ usually increases interpersonal liking (Zajonc, 1968, 2000; Festinger, Schachter & Back, 1950). This engagement with similar others is an important component of wellbeing in older age (Cherry, Walker, Brown, Volaufova, La Motte, Welsh et al., 2013).

Another reason for joining a group is when people face a common predicament, problem or concern in their personal lives. Homophily in the group becomes even more important during

times of crisis or trouble when people experiencing stress will look for support from similar others (Hurlbert, Haines & Beggs, 2000); for instance, research into older men's membership of groups shows that widowers and others living alone are likely to have greater group involvement than married men (Perren, Arber & Davidson, 2003). The 'buffering effect' of social support on feelings of wellbeing has been well documented since the seminal work of Cohen & Wills (1985). Forsyth (2004) in examining 'therapeutic groups' found a number of positive psychological effects arising from group membership, including feelings of hope, acceptance, and the development of social skills through watching and interacting with others. Membership of a group can provide an 'arena of comfort' (Owens, 2003, p. 214) – a place where people can relax and be comfortable with themselves and others, while steadying themselves to cope with stresses from other life contexts (Call & Mortimer, 2001).

Avoiding discrimination is cited as another reason to join a homogeneous group. Jetten, Branscome, Schmitt & Spears (2001) found that when people are exposed to ageist or racist prejudice, it increases their identification with an 'ingroup', that is, a social group whose members are perceived to have similar attitudes and to be different from members of other groups (Brewer, 2003; Hogg & Hains, 2003). Stigmatised groups will practise self-protective strategies to develop their members' self-esteem (Crocker & Major, 2003). For instance, older African-Americans were found to experience physical, emotional and social benefits from taking part in a group where they were separated from the negative images of their minority status (Taylor-Harris & Zahn, 2011).

Groups, like individuals, need to learn from experience and adapt to events in order to continue successfully (McGrath, Arrow & Berdahl, 2000). So an important element is the commitment members feel towards its continuance; a feeling reinforced by similarity to the others in the group (McPherson et al., 2001). Over time, a culture emerges from a group's constituent parts, made up of the set of important assumptions (often unstated) that members hold in common, and observable through organisational practices (Sathe, 1985; Davies, Nutley & Mannion, 2000). New members learn the values of the culture as they identify with the group and adopt its norms of behaviour (Brewer & Kramer, 2003; Cooper, Kelly & Weaver, 2001; Terry & Hogg, 2001).

All groups decline eventually, unless they adapt by recruiting new members or by changing the group in other ways (McGrath et al., 2000). A particular threat to homogeneous older people's groups is that the group and the people age simultaneously (McPherson et al., 2001).

### **3.7 Older people's community groups, what we know**

Elsdon et al. (1995) argue that the 'astonishing variety' and 'sheer predominance' of small local groups have far greater impact than the large charitable organisations on individual lives and quality of life in local communities, and in civil society (p.4). The paradox is that in spite of the 'prevalence, ubiquitous and pervasive nature' of local groups in the social life of the community, very much of their development has gone unnoticed (Scott, 1987, p. 105).

Older people's voluntary community groups are even less visible in the research. In her examination of the social capital of older people, Gray (2009) mentions the scarcity of research into older people's groups several times; she can only speculate on older people's reasons for joining a group, concluding that:

We need to find out more about how older people develop and sustain relationships with neighbours, co-religionists and fellow members of recreation groups to help us meet the challenges posed by an ageing society. (p. 30)

A search for studies on the particular type of group that is the subject of this study, the groups run by older people for themselves and their peers, was largely unsuccessful. A recent (2015) search of data bases Proquest and Psychinfo with key terms: *older people/organisation/self-run* and *older people/group/self-run* found no results. *Older people/organisation/peer-run* found one article, by the writer based on her previous research for a Masters degree (MacKean & Abbott-Chapman, 2012). By contrast, putting *Older people/group OR self-run* into the data bases found 173 articles on professionals working with groups of disabled, mentally ill, cancer sufferers, frail older people with depression and older people coping with loss. A review of the literature on adult day services for older adults (Fields, Anderson & Dabelko-Schoeny, 2014) found 103 journal articles between 2000 and 2011. There were also papers on professionals working with 'disadvantaged' or 'marginalised groups': LGBTI and ethnic groups.

Of the two books on community groups quoted earlier, by Lyons (2001) and Elsdon et al. (1995), Elsdon et al. looked at only one group specifically for 'elderly people' in their case studies, though several other groups catered for a mainly older membership including self-help groups for arthritis sufferers and a group of allotment holders. The 'Fifty-Plus' group only rates one paragraph in the book, but it identifies some practices of support, learning and empowerment found in the group. The group set out deliberately to provide social education 'by using other activities as a vehicles of social learning' (p. 57). For instance, their walking activity was not just seen as a source of interests and physical fitness but offered varied social experience because of the way in which walkers spread out in smaller sub-groups, 'in consequence this activity was found to be especially valuable to new members and to the recently bereaved' (p. 57). Similarly, the learn to swim activity offered by the Fifty-Plus group is not simply a swimming class, but 'requires and elicits the extremely strong mutual support which ... builds confidence in proportion' (p.57). This one paragraph in a book of 168 pages succinctly identifies the benefits of the age-homogeneous peer-run groups:

The effectiveness of such group support and learning in helping old people to maintain a sense of secure identity and with it a constructive role in the community, an ability to learn, and personal health and independence, was repeatedly confirmed by independent evidence from medical and social services personnel. (1995, p. 57)

The other detailed account of groups in the community, Lyons' book *Third Sector* (2001), has even less concern with older people's groups. The only references to older people are listed in the Index under 'aged care/disability services', and deal with residential care and self-care housing. Brief references elsewhere to social clubs have no specific references to older people's groups.

One study of ageing (Harris, 2007) identified three main categories of groups to which older people belong among the great number and variety of community organisations. One is the groups in which older people participate but that are not particularly geared to their specific needs, such as golf clubs and other sports organisations with a mixed-age membership. The peer-run groups are another category. The third category is the groups such as Day Centres, in which others provide services for older people. This category has received considerable research attention which is now briefly discussed.

These groups, called Day Centres, Seniors Centres or similar titles, have a membership entirely of older people but are run by other people, either paid professionals or volunteers (Maton, 1989). Studies of Day Centres, for instance for the homeless, reveal a tension between two main purposes: whether they are places of sanctuary and refuge for those who are not coping, or whether their task is to promote change in their clients (Bowpitt, Dwyer, Sundin & Weinstein, 2014) – what one study has called 'responsibilisation' (Whiteford, 2010).

Older people's own attitudes to their Day Centres or Seniors Centres can be ambivalent. Townsend et al. (2006) found the participants faced a dilemma - simply by being a member they labelled themselves as 'old', with the stigma associated with that label; on the other hand, many of those who had joined gained great pleasure from the social and leisure activities. Participants in Seniors Centres in Norway (Lund & Engelsrud, 2008) had similar experiences; regular visits to the Centre gave a structure to their lives and they enjoyed the activities, particularly the opportunities for social interaction. Studies of older people's Day Centres in Australia (Tse & Howie, 2005) and in the UK (Hurley, Dudzic, Kennedy et al., 2014) give general support to the value of Day Centres (or 'day clubs'), finding that programs that fostered companionship and built participation in meaningful physical and mental social activities had a positive effect on the wellbeing of older people with mild to moderate physical and mental health conditions, enabling them to continue to live in their own homes. Other studies, in Canada (Narushima, 2005) and the UK (Fawcett, 2014) found that many day centre participants valued the chance to play an active rather than a passive role, to 'pay back' by volunteering their services in the centre, to be useful and to make use of their knowledge and skills, and to learn from other participants, even though the ultimate responsibility for running the group rested with others.

### ***3.7.1 Older people's peer-run groups, what we know***

Harris' (2007) other category is 'associations that are organised by and for older people to meet their needs and interests' (p. 114). This is the category with which this study is concerned. The



role and structure of these peer-run groups and their contribution to the wellbeing of their participants, appears to be an under-researched topic. Only two examples of older people's self-run groups have been the subject of detailed research, much of it in Australia. These are the Universities of the Third Age (U3As) and the Men's Sheds movement. Both cater for a specialist membership, are run by their members, and are designed to serve their participants' needs.

Universities of the Third Age are designed specifically to serve the learning needs of older people. The movement originated in France in the 1970s; a rather different model was developed in the United Kingdom in the 1980s, largely as the result of the work of Peter Laslett, a Fellow of Trinity College Cambridge. The movement spread rapidly in Britain as a series of autonomous organisations, and is now established in many other countries including the USA and Australia. U3As in Australia follow the pattern set by Laslett and described in his book *A Fresh Map of Life* (1989, 1991).

Although the U3A movement eschews exams and diplomas, its appeal is mostly to men and women professionals and graduates. Indeed, the name 'University' has been labelled elitist, acting to discourage working class and less educated people (Formosa, 2012). A questionnaire by postal survey to members of two selected U3As in Victoria, Australia seeking information on the background of their members (Hebestreit, 2008) revealed that graduates and post-graduates made up 34.6% of membership; 59% had had a professional occupation, including 14% in management. The emphasis is on shared learning, as in the document outlining the principles of U3As which states: 'Those who teach shall also learn and those who learn shall also teach' (Laslett, 1991, p. 177). Hebestreit (2008) found that the main reason given for joining was 'to gain knowledge' (n=70%). Perceived benefits included 'increased intellectual development' (n=96%), and 'improved memory' (n=88%). Increased social inclusion and increased self-esteem were also regarded as benefits. A space for comment was included in the survey, and Hebestreit concluded that:

The U3A concept appealed to the respondents with its emphasis on peer-teaching philosophy, community orientation, accessibility, affordability, and the wide variety of courses offered throughout the year giving enjoyment and structure to members' lives. (2008, p. 562)

The Men's Shed movement has grown enormously in recent years in Australia, and is now also to be found in the United Kingdom, New Zealand and North America. The movement originated as small self-help groups answering local needs. The Sheds still operate as autonomous groups, like the U3As, but there are now government-sponsored associations and programs that organise conferences and workshops, and promote the movement generally.

Research has shown that Australian men generally have lower life expectancies and higher health risk factors than women (AIHW, 2014, p.1). Six out of ten Australian men have been assessed as having very low health literacy (AIHW, 2014), and many had limited and negative

experiences of education and training (Golding, 2009). Loneliness and social isolation, particularly after leaving the paid work force, contribute to many older men's poor health and wellbeing (Golding, 2011). This is the group for whose needs the men's sheds are created. The ground-breaking research by Professor Golding at Ballarat University (Victoria, Australia) into the influence of social inclusion through participation in a shed on older men's informal learning, health and wellbeing, has helped to spread the Men's Shed movement in Australia and elsewhere (Golding, 2009; Golding, Brown, Foley, Harvey & Gleeson, 2009).

In contrast to the U3As, the learning component of the shed programs is played down; for instance, the names of the Men's Sheds in Australia in Golding's 2011 research 'did not include learning, wellbeing or health'. This was found to be very important in attracting and engaging men with low educational attainment who would have been suspicious of such aims, but were likely to be in greatest need in terms of their health and wellbeing (p.31-32). The emphasis in the shed movement is on social inclusion, community-based hands-on activity, and management of the shed by its members (Golding et al., 2007, 2009; Morgan, 2010).

Research into Men's Sheds in Canada (Reynolds, Mackenzie, Medved & Roger, 2015) also found benefits to the participants' health and wellbeing, as it offered them 'independence in participation, masculine activities and opportunities for men to discuss issues openly around other men' (p. 547). The study also found that, given the reluctance of older men to make use of formal mental health-care services, non-traditional male-focused programs such as Men's Sheds did a valuable service in helping men cope with emotional difficulties 'while still maintaining masculine identities' (p. 547).

The research shows that the two groups, U3As and Men's Sheds, share some aims and attributes, though they achieve them in very different ways to suit the needs of their very different participants. The common factors appear to be the post-paid-work or third age cohort of the membership, the autonomy of the groups to decide for themselves just how the activities and the business of each group should be conducted, and the opportunities for social inclusion and interaction through shared activities.

Apart from the author's previous research into a range and variety of older people's peer-run groups (MacKean, 2010), research focusing on older people's peer-run groups appears to be limited to the two examples given above.

### **3.8 Older people's reasons for participating in a group**

Harris' (2007, p. 114) categorisation of older people's groups outlined above raises the question as to what needs and interests motivate older people to join a group. A search through the literature reveals scattered references to a number of different reasons, which are now outlined.

One strategy that older people use to cope with changes in their lives is what Tanner (2007) calls 'keeping going': keeping busy with social and leisure activities and daily tasks, and taking

initiatives to manage or improve one's situation, often through adaptation of previous ways of doing things so as to maintain continuity. Finding a 'focus of activity' (Feld, 1982) - enjoyable things to do and share with others - is a strong motivation for joining a group.

Another reason to join a group is that older people who have suffered losses and who face the transition to a different lifestage are likely to suffer stress and to need support in order to cope with change (Penner et al., 2000). Joining a group can also help compensate for the loss of previous activities in the paid workforce, giving opportunities to remain socially, physically and productively active (Caro et al., 2009).

Positive experiences within a group are a further reason to join and continue participation. Membership of a congenial group can promote feelings of social identity, helping to compensate for personal identity threatened by poor health and other adverse conditions (Haslam, O'Brien, Jetten et al., 2005; Bailis & Chipperfield, 2002). Reciprocal support, exchanged between equals, has been found in a review of 100 studies to be much more effective than merely receiving support (Hogan, Linden & Najarian, 2002); people are more likely to give and receive support from others with whom they see themselves as sharing a social identity, as in a peer group, and such support will be interpreted positively (Haslam et al., 2008).

Group membership gives a continuity of interests; if they have already been members of other voluntary organisations older people are likely to move by a 'stepping stone' process to join a different group (Hendricks & Cutler, 2004). Research has also found that belonging to several different groups can help wellbeing because it increases the resources available: more sources of support to draw on in difficulty or stress. The experience of belonging to multiple groups has also been found to help develop cognitive skills and flexibility which are useful resources in times of uncertainty and change (Haslam et al., 2008).

An individual can belong to many different social groups at one time: family, friends, workplaces and groups in the community. The same individual will also belong to a succession of groups over a lifetime, moving into new social patterns with each transition to a new life stage, as in retirement from paid work and moving to the third age (Dannefer & Miklowski, 2006). The many different reasons found for joining a group appear to reflect the changing needs through time and circumstances that must be satisfied if older people are to achieve wellbeing.

### ***3.8.1 The influence of age, health and gender on older people's participation***

Older people's involvement in community groups is generally high: figures from the British Household Panel (BHPs) surveys in 1991 and again in 2003 show that 45% of men and 55% of women aged over 60 were active in one or more organisations (Gray, 2009). In Australia, using data from the 2006 Census, 61% of community-dwelling people aged 65 and over were shown to be actively involved in a social or support group in the previous 12 months (AIHW, 2007).

There is disagreement on whether levels of membership decline with age. Gray (2009) using the BHPs data, found that involvement declines with age, though religious affiliations are more likely to be maintained. Perren et al. (2003) also used the BHPs survey to find that half of older men belonged to voluntary organisations, though there was steep decline in sports and social clubs in older age. However, Cutler & Hendricks (2000), using data from 12 nationally representative surveys in the United States, found that affiliation increases through the middle years, and that older people continued their previous patterns of engagement as an adaptive strategy for as long as they were able, certainly into their mid-80s. Definitions of ‘participation’ and assessments of ‘age’ make definite answers difficult, but Cutler & Hendricks conclude:

Taking compositional factors into account, these data lead us to conclude that older persons are not less likely to be members of voluntary associations than any other age categories (at least in terms of affiliation) but may actually be more involved. (2000, p. S105)

In their American study of social engagement and health in three levels of ageing, younger, older, and oldest-old adults in the Louisiana Healthy Aging Study, Cherry et al. (2013), found it surprising that older adults were five times more likely and the ‘oldest-old’ twice as likely to report membership in more than 6 clubs and social organisations than younger adults. They had expected to find a decline in advanced age. However they add a note of caution: their estimate of social engagement was based on the number of organisations, not on the extent of participation or direct involvement with group activities. Their study also did not explore the different types of groups or what their appeal might be to older people.

There are also differences in findings on the influence of health on older people’s participation in community groups. While some studies have found a strong relationship between perceived health and participation (Cutler & Hendricks, 2000), other researchers disagree. A lengthy study of leisure activities and retirement in the United Kingdom (Scherger, Nazroo & Higgs, 2011) found a pattern of continuity in three selected activities: having a hobby, being a member of a club, and participation in cultural events, regardless of changes in work and age, with an increase in having a hobby after retirement. However, if ill health was the reason for stopping work, there was a significant decline in all activities.

Other research approaches the relationship between health and participation from a different stance – the influence of participation on older people’s perceived health. This topic was discussed earlier in the chapter (3.3), but its importance to the current study can justify reiteration. For instance, in a study of the relations between social interactions and health in Italy, Fiorillo & Sabatini (2011) measured the quantity and quality of social interactions with friends, family, religious participation and also as active members of organisations. Although the study focuses on social interactions with friends, it outlines four channels by which social interactions may improve health: through the transmission of health information via a social network; through a support system of mutual assistance; through the development of social

norms that promote healthy behaviours; and through the buffering effect of moral and affective support that mitigates the psychological stress related to illness. Fiorillo & Sabatini argue that social interactions provide a supportive background and framework in which these channels can operate. Fiorillo and Sabatini's findings in Italy on the important role that social interaction plays in older people's feelings of health are supported by studies in other parts of the world, e.g. in Australia (Berry & Welsh, 2010); in America (Cherry et al., 2013); and England (Petrou & Kupek, 2008).

Other factors found to affect older people's involvement in groups include the amount of spare time and money an older person has, and environmental factors such as the availability of public transport. For instance, Narushima (2005) found that the convenient public transport system in Toronto helped to encourage participation.

Gender is another factor in group participation. Voluntary organisations are generally highly segregated, described as homophily by gender (McPherson et al., 2001). Specialist groups offering a particular type of activity, such as some sports or crafts, are likely to attract one gender or the other. In older people's groups, gender differences in participation could also be influenced by the fact that the proportion of women in the population increases with age, to 67% of Australians aged 85 and over (AIHW, 2007). A British study (Perren et al., 2003) found that informal groups nominally open to all and tailored to older people's perceived needs were in fact joined mostly by women.

### **3.9 Peer-run groups in the health sphere**

The shortage of research into older people's peer-run groups contrasts significantly with the many extensive and detailed studies of self-help groups in the health sphere, particularly in the areas of mental health and addiction. These self-help groups are run by their members; they can be seen as specialist groups catering for the needs of a particular cohort, and their members could be described as 'disadvantaged' in that their special needs are not fully catered for in other organisations. As it appears that these peer-run groups share some characteristics with older people's peer-run groups, current studies in America, Canada and the United Kingdom are now examined for insights into the groups with which this study is concerned.

The literature on the mental health peer-run groups points to the personal incentives to become a member of a self-help group; it was found to spring from the participants' perceived need to move away from the traditional health care system, which they saw as paternalistic and lacking opportunities for meaningful participation in decision-making and policy planning (Swarbrick, Schmidt & Pratt, 2009; Alberta, Ploski & Carlson, 2012).

Solomon's (2004) study of mental health self-help groups in the United States found that the key philosophies of a self-organised group are choice and self-determination. Because they are participant driven, the groups foster active involvement by the leaders and members. The participants can choose their level of involvement, unlike traditional mental health programs

which require attendance, but they are likely to be motivated to attend often because the activities offer many opportunities to voice opinions and make decisions, so enhancing their sense of empowerment (Solomon, 2004; Solomon & Draine, 2001). The participants in a self-help group are found to be empowered by the ability and authority to make decisions, by a range of options from which to choose, and by access to information (Swarbrick et al, 2009; Chamberlin 1996; Corrigan, 2006). For instance, Pickett, Diehl, Prater et al. (2012) contrasted two interventions in a study of mental health consumers: peer-led intervention and a 'services as usual' system. They found significant increases in overall empowerment and self-esteem in the peer-led group, as the participants were provided with the information, skills and support they needed to become actively involved in the treatment decision-making process.

It was shown earlier that people are likely to be motivated to join a group where they perceive they have some characteristics in common with other members so they 'share a common social identification of themselves' (Turner, 1982, p. 15). The principles of homophily and homogeneity influence the creation of specialist 'ingroups' catering for specific needs (Correll & Park, 2005). These principles are strongly reinforced when the group perceives itself as stigmatised or a minority group (Brewer, 2003; Martin & Hewstone, 2001), as in the case of the mental health support groups.

Another characteristic of the self-run groups is that each is unique because it is driven by the particular needs of its members (Janzen, Nelson, Hausfather & Ochocka, 2007). In a mental health group:

The core activity of self-help groups is mutual support. Deep connections are made when members identify with the experiences, emotions and reactions of fellow members. Participants benefit from helping each other and by pooling coping strategies, sharing information and drawing on the collective wisdom of the group. (Bell, Collis & Cook, 2010, p. 142)

In her research into mutual support mental health groups, Solomon (2004) states: 'the primary premise is that those who help other peers also gain from this experience as much as they give (p. 397). On the 'Helper-Therapy principle' (Riessman, 1965), the helper derives a number of benefits: an enhanced sense of competence from making an impact on another's life; development of a sense of equality in giving and receiving; personalized learning from working with others; and an enhanced sense of self from the social approval received from the person helped and from others (Solomon, 2004).

Over time, a culture was found to develop in the mental health groups, with a growth of trust and social connections. The groups are seen as 'supportive social settings where consumers can connect with their peers, gain practical assistance from one another, relax, and experience freedom in a family-like environment without an imposed structure' (Swarbrick et al., 2009, p. 41).

Studies of places where mental health consumers meet – usually health centres or community centres – have found that most centres are led, managed and run by the mental health consumers themselves volunteering their services, offering their members active roles in program planning and day-to-day operations, where ‘the reciprocal social environment itself promotes member empowerment’ (Swarbrick et al., 2009, p. 41). The centres are usually small enough to provide meaningful roles and responsibilities for all members and large enough to obtain resources for operations and conditions that contribute to empowerment (Swarbrick et al., p. 45). The centres are described as ‘a comfortable place where people can gather’ (Swarbrick et al., p. 41).

### ***3.9.1 Autonomy and assistance in the groups***

The examples of the mental health self-help groups illustrate two further characteristics of community groups of relevance to the current study: autonomy and outside assistance. The self-help groups are run by their members but they receive and accept help from other sources; state health authorities and some local authorities are mentioned (Cashin & Scheffler, 2008; Solomon 2004).

On the question of who runs the groups, research has shown that it is central to the successful continuance of the group that group members remain in control over the group’s functioning, goals and ultimate destiny. A study of mental health groups in New Zealand (O’Donnell, Roberts & Parker, 1998) found that if services were not peer-driven, the organisers and participants felt disempowered, and their effectiveness was undermined. Cornwall (2008) sums up the value of self-run groups for the disadvantaged:

Spaces that people create for themselves ... can be essential for groups with little power or voice in society, as sites in which they can gain confidence and skills, develop their arguments and gain from the solidarity and support that being part of a group can offer. (p. 275).

Leaders in peer-run groups are themselves members, with similar experiences and interests to the other members. Leadership in a small group can be quite informal, made up of those who are most committed, so the composition reflects the make-up of the group (Lyons, 2001, p.125). Members are likely to have a say in the running of the group; member participation in decision-making may mean they are not well run by conventional standards, but members feel a sense of ‘ownership’ as it generates valuable social capital within the group (Lyons, 2001, p.137).

Outside assistance to the groups is also an important factor contributing to the survival of self-help groups. A study of self-help groups in America (Wituk, Shepherd, Warren & Meissen, 2002) used interviews with representatives from 245 active and 94 recently disbanded self-help groups, finding that relationships with professionals and national and local organisations were a factor in survival, together with internal factors such as leadership, recruitment of new members, and attendance at meetings.

Research has shown that the transformation of mental health services from the traditional service pattern relies on a positive attitude from health authorities supported by legislation and money grants to be successful. The self-help groups' relations with authorities are not always smooth (Clay, 2005). A study of peer-based recovery support programs (Alberta et al., 2012) found they faced a number of challenges: external challenges from the organisation and culture of traditionally organised health services, and individual challenges associated with the nonprofessional status of some peer support staff. In other instances, changing trends in health and social services policies and funding in the UK and Canada were found to have led to an 'escalating incursion' of the state into local voluntary affairs (Easton, Atkin & Hare, 2007; Hanlon, Rosenberg, & Clasby, 2007). In their study of the mental health system in California, Cashin & Scheffler (2008) found that the state-led, stakeholder-driven transformation faced obstacles but in time generated innovative approaches to the goal of recovery-oriented services, including the involvement of consumers and wider community partnerships.

It appears that in spite of difficulties between providers and participants, there are also distinct benefits to the providers. The centres have been found to be highly cost-effective (Davison, Pennebaker & Dickerson, 2000). As the centres are run by their members rather than by paid staff the cost is very low in dollars or resources (Solomon, 2004, p.396). There are further savings in the reduction in hospital admissions or shorter hospital stays among the peer providers (Sherman & Porter, 1991). There is also evidence that the peer-run mental health groups help to alter providers' negative attitudes towards mental health (Dixon, Krauss & Lehmann, 1994). Solomon (2004) explains that:

Peer providers give mental health providers the opportunity to see peers successfully functioning in productive, "normal" social roles [and] the opportunity to relate to individuals with psychiatric diagnoses as peers. These types of situations help to combat societal stigma of persons with severe mental illnesses. (p. 396)

Such studies suggest that peer-run groups can be seen as contributing to the 'democratisation' of health and social care (Easton et al., 2007), as a complement to conventional health services, or 'or as an alternative service that focuses on the social and emotional needs of the participants' (Swarbrick et al, p. 41; Van Tosh & del Vecchio, 2000).

The benefits of participation in a peer-run group for their members are illustrated by many examples from the mental health self-help groups. One benefit reported is that of social interaction; this is made easier among members of peer-run groups because they can perceive they all share some characteristics: age cohort, common interests or experiences, or some disadvantage or disability.

Social support, in the shape of emotional, instrumental and informational support, would be part of the culture of most small groups. However, it appears that the peer group offers a particular kind of supportive learning experience: the experiential information and perspectives that people



obtain from living with a psychiatric disorder, when shared with others who have a similar problem, leads to a more active approach to coping, promoting ‘choice and self-determination that enhance empowerment’ as opposed to the passivity engendered by ‘participating in services with a hierarchical structure’ (Salzer & Associates, 2002, p.6). A peer-run group experience entitled ‘Recovery is up to you’ was shown to have had positive effects by building feelings of empowerment, hope and self-efficacy (van Gestel-Timmermans & Brouwers, 2014).

These findings from the mental health self-help groups are supported by studies of group participation in other spheres. For instance, Haslam, Jetten, O’Brien & Jacobs (2004) studied the relation between stress and health, finding that advice and information are more readily accepted from an ingroup member, or from those of similar age and experience, a principle used in peer education since the 1960s (Buoncore & Sussman-Salka, 2002). In a handbook on health behaviours, Salzer & Associates (2002) found that by interacting with others in the group who were perceived as better than them, peers were given a sense of optimism and something to strive towards, to develop their skills and to offer them hope. A study of peer education (Johns, 2007) also found examples of Social Comparison Theory (Festinger, 1954) in the peer group, finding that group members were more likely to learn from others who they saw to be well integrated and already practising new behaviours. A study of self-help participation in Hong Kong (Mok, 2004) found that role modelling in self-help groups is ‘common’ (p.164), and that participation in the peer group was empowering because it gave the members opportunities to practise the coping strategies they had observed (2004, p. 161).

These examples, drawn mainly from studies of the self-help, self-run groups in a disadvantaged cohort whose members are often seen as incapable of managing their own affairs successfully – those diagnosed with mental illnesses - have been collected in default of more details on the focus of this study - older people’s self-run groups.

This section has explored what is known about the topic of this study: the community groups run by and for older people. Like other community groups, they are part of the wide and diverse Third Sector, neither government nor business. Research in Britain (Elsdon et al., 1995) was found to describe the characteristics of local voluntary organisations, and the current study examined two particular categories of older people’s peer-run groups. In the absence of further studies of older people’s peer-run groups, the extensive literature on the characteristics of self – help groups in the health sphere was explored. It emerged that participants gained great personal benefits from belonging. The potential conflict of interest between the groups’ desire to maintain their autonomy and the health authorities’ views on control and assistance was avoided by consultation and collaboration. It was also found that the self-run groups were cost-effective because they were run by their members, and were successful in their function of supporting and empowering their participants.

### 3.10 Chapter summary

This review of current international literature has examined two further topics in the overall review of aspects of ageing: older people's wellbeing and what they perceive they need to help them achieve and maintain it, and the community groups to which many older people belong. This chapter and the previous chapter together make up the background to the research project.

Older people's wellbeing is a well-researched topic, but there has been little or no research into *where*, *when* and *how* they can most easily find opportunities to observe, learn and practise strategies that lead to feelings of wellbeing. The same is true of older people's peer-run groups; as was shown earlier there is limited evidence or knowledge about them. In particular, nothing is known about a *range* of these groups, their governance, activities and membership and their commonalities and differences. The study aims to fill this gap in our knowledge and understanding of older people and the groups they run for themselves and their peers.

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## **Chapter Four Exploring older people's groups: Research methodology and methods**

### **4.1 Introduction**

The previous chapters showed that there is very little research into how, where and when older people can satisfy their need for wellbeing, or into the groups that older people run for themselves and their peers, and no studies encompassing a range of such groups.

This chapter outlines the methodological framework of the study and explains the choice of research design - mixed methods in an explanatory sequential design. It details the stages of the research process: the choice of the research area, the selection and recruitment of participant groups and individuals, the collection of data and the process of analysis. The issues of rigour and validity are also examined.

### **4.2 Research aims and questions**

The aim of this study is to investigate the community groups to which older people belong and which they run for themselves and their peers in three ways. First, to understand the workings of a range of these groups in a discrete area - how they operate and what characteristics they have in common. Second, to understand how and why older people engage with these groups, the role that participation plays in their lives and its contribution to their feelings of wellbeing. Third, to explore the contribution the findings could make to the design of measures to improve older people's wellbeing.

The aims are summed up in the research questions:

1. What are the characteristics of older people's peer-run groups?
2. How do these groups contribute to their participants' perceived health and wellbeing, and in what ways?
3. What are the practical implications of the research findings for policies and practices that promote older people's health and wellbeing?

In order to address the research aims, there were several issues to be resolved. First, a *quantitative* study was seen as a feasible and effective method of collecting profile data on a range of older people's groups to address Research Question One, because control is achieved through the sampling and design and the data permits statistical analysis (Burns, 2000, p. 9). This method has been used previously to categorise and characterise a range of groups through descriptive statistical analysis (McGrath et al., 2000).

To discover people's reasons for participating in a group and the potential contribution of these groups to participants' health and wellbeing (Research Question Two), a *qualitative* study via

interviews with individuals who were currently members of one of these groups appeared to be an appropriate way to ‘seek answers to questions that stress how social experience is created and given meaning’ (Denzin & Lincoln, 2003, p. 13). The interpretive and flexible approach of qualitative research was chosen because the focus is on meanings, interpretations and subjective individual experience (Liamputtong, 2013b, p. 13).

It was also considered important to consider older people and their groups in the light of policies and practices designed to promote and maintain older people’s health and wellbeing (Research Question Three). This could be explored through examination of relevant policy documents and through further *qualitative* research - interviews with selected professionals and service providers to elicit their views as experts. These findings would then be integrated with the other findings and interpreted to give not only a broader understanding of policies and practices promoting older people’s wellbeing but also to add other views of the role of older people’s groups in the lives of their participants and in society.

I had not originally envisaged the topic as a mixed methods study, but on reflection it became clear that it was important to explore *relationships* - between the groups and their participants and between groups and service providers, and the potential outcome in terms of continuance and ‘success’ for both participants and groups.

#### **4.3 The research design and framework**

In order to address the study aims, a combination of quantitative and qualitative methods was determined as the best research design, following Bryman’s (2012) prescription that the choice of a research design must be ‘dovetailed with the specific research question being investigated’ (p. 41). Lincoln & Denzin (2003) point out that some of the best and most innovative research has used both quantitative and qualitative approaches; in many cases the relationship is symbiotic. This relationship is now recognised and widely used in the relatively new and very popular research design known as mixed methods (Bergman, 2009).

There have been many recent texts and articles dedicated to the practice and contribution of mixed methods research (See Creswell, 2003, 2009, 2015; Creswell & Plano Clark, 2011; Bergman, 2009; Tashakkori & Teddlie, 2003, 2010; Bryman, 2012; Greene, 2007; Johnson & Onwuegbuzie, 2004; Teddlie & Tashakkori, 2011). They trace the emergence of mixed methods research, its roots in different disciplines and its widespread use in a variety of social and behavioural disciplines and fields. After describing the paradigm ‘wars’ between quantitative and qualitative ‘purists’, Johnson & Onwuegbuzie (2004) move past the wars to offer ‘a logical and practical alternative’ (p.17), presenting mixed methods research as a third research paradigm:

If you visualize a continuum with qualitative research anchored at one pole and quantitative research anchored at the other, mixed methods research covers the large set of points in the middle area. (2004, p. 15)

In 2007, Johnson, Onwuegbuzie & Turner (2007) examined a number of different definitions before proposing one amalgamated definition, which this study draws on:

The type of research in which a researcher or team of researchers combines elements of qualitative and quantitative research approaches ... for the broad purposes of breadth and depth of understanding and corroboration. (2007, p. 123)

#### **4.3.1 Mixed methods: Strengths and weaknesses**

Much of the recent literature, including research texts (Creswell, 2003; Johnson & Christensen, 2004; Tashakkori & Teddlie, 2003, 2010), argues for the value of mixed methods as a methodological design. The aim of combining quantitative and qualitative approaches into one procedure is to preserve the strengths and reduce the weaknesses in both approaches (Bergman, 2009; Creswell, 2009). Creswell (2015) summarises the merits of mixed methods as a research design:

A core assumption of this approach is that when an investigator combines statistical trends (quantitative data) with stories and personal experiences (qualitative data), this collective strength provides a better understanding of the research problem than either form of data alone. (2015, p. 2)

O’Cathain (2010, pp. 577-578) cites four justifications for using mixed methods:

*comprehensiveness*: allowing a complex issue to be addressed more widely and completely because of the strengths of the different methods (Morse, 2003). A second justification is an increase in *confidence* in findings, through an increase in validity when the results from two different methods agree (Glik, Parker, Muligand & Hategikamana, 1986). O’Cathain’s third justification (p. 578) is *development* or *facilitation*, where one method guides the sampling, data collection or analysis of the other (Sandelowski, 2000). O’Cathain’s final justification is that mixed methods research can be used for the purpose of *emancipation*, or *transformative* - ensuring that marginalised voices are heard (Mertens, 2003, 2013).

Green & Thorogood (2014, p. 281) also give various rationales for mixing methods: to add breadth by using several types of data; to add depth or analytical rigour by seeking different sources of data on the same research question; or to use one method as a check to validate the findings from another. In all cases, the aim is to extend understanding of the phenomenon that is being studied from as many perspectives as possible.

After listing the strengths and weaknesses they find in quantitative and qualitative research as stand-alone methods, Johnson & Onwuegbuzie (2004) closely examine and provide a list for what are observed as the strengths and weaknesses of bringing them together in mixed method research (p. 21). They cite greater flexibility, greater generalisability, and producing ‘more complete knowledge necessary to inform theory and practice’ (p. 21) as strengths of mixed methods research designs that cannot be achieved by either of the monomethods of qualitative or

quantitative research alone. Creswell & Plano Clark, 2011, (p. 12) also argue that mixed methods researchers are able to use ‘all of the tools of data collection available’ rather than ‘being restricted’ to particular types of data collection methods associated with qualitative or quantitative research.

One of the perceived strengths of mixed methods is that the epistemological movement is not simply in one direction; there are a number of points of interface (Guest, 2013; Fetters et al., 2013). Integration or mixing of quantitative and qualitative data can occur at several stages in the research process, including data collection, data analysis, and interpretation of the results (Zhang & Watanabe-Galloway, 2014). Creswell (2015) uses a nice metaphor of cake-making to explain the role of ‘mixing’: that one thing actually dissolves into the other, like the flour, or that one thing connects to another but remains intact, like raisins (p. 82). Taket (2010) cites a case study in health research where the choice of a mixed methods design strengthened the outcomes of the research: ‘The qualitative data aided our interpretation of the quantitative findings and vice versa, producing a richer understanding of the complexity of factors underlying [the topic]’ (p. 340).

There are also acknowledged weaknesses in mixed methods research. Sandelowski (2014) sees it: ‘less as a new mode of inquiry than as a discursive repackaging’ (p. 3) of both qualitative and quantitative approaches. Yardley & Bishop (2015) list a series of pragmatic ‘challenges’ as well as ‘benefits’, one important challenge being the need for training researchers in mixing methods. Creswell & Plano Clark (2011) and Johnson & Onwuegbuzie (2004) all stress that mixed methods researchers need to have the skills, time and resources to engage with the demands of often extensive and multiple states of data collection and analysis. They argue that the researcher’s ability to engage effectively with and conduct mixed methods, which requires a mix of research skills, is the main weakness of mixed methods research.

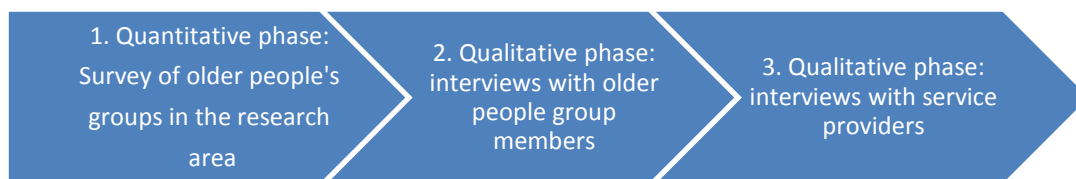
As discussed earlier, it was not possible to address the research aims and question adequately without the use of a mixed method design. Drawing on O’Cathain’s (2010, pp. 577-578) four justifications for using mixed methods, there a number of points of interface in the study which reinforce the choice of a mixed methods approach. First, the use of mixed methods facilitated a *comprehensive* understanding of the broad characteristics of older people’s groups, as well as the ways in which these groups contributed to individual and collective health and wellbeing. Second, the use of two different methods increased *confidence* in the study findings. Third, the findings in the quantitative study of the characteristics of the groups aided the *development and facilitation* of the qualitative phase, in the selection of interview participants and the development of interview questions from the questionnaire data (Creswell & Plano Clark, 2011, p. 121). Finally, the choice of mixed methods enabled the research and its findings to be *transformative*, because it enabled older people’s opinions to be sought and better understood on an under-researched domain in which they alone have personal experience. The integration of data sets was found to help add meaning to the relationship between the groups and their participants and their influence on each other. The integration of the service providers’ views

shed light on all aspects of the study, from the characteristics of the groups to the suggestions for future policy. Other data sources (informal observation, documentation) were also incorporated into the findings and discussion of the research questions.

#### 4.3.2 *Explanatory sequential design*

Creswell (2015, p. 6) describes three mixed methods designs which make use of quantitative and qualitative data in different combinations and time frames. One is a *convergent design*, in which the intent of the research is to collect both quantitative and qualitative data, merge the results of the two sets of data analyses in order to compare the results. Another is an *exploratory sequential design*, in which initial qualitative findings are used to build a second quantitative phase of the project. The third basic design listed by Creswell (2015), *explanatory sequential design*, is defined as: ‘one in which the intent is to first use quantitative methods, and then use qualitative methods to help explain the quantitative results in more depth’ (p. 6). In this design, the research questions as well as the procedures used in one phase depend on the previous phase (Cronholm & Hjalmarsson, 2011, p. 88). This was the method chosen for the current study.

Explanatory sequential design was chosen for several reasons. First, although the researcher has some experiential personal knowledge of older people’s peer-run groups, there has been no research found in the literature on the characteristics of a *diverse range* of these groups in one locality, their composition, activities or governance. So there were no existing quantitative data of sufficient breadth to underpin the qualitative research into individual opinions of participants in such groups. The choice of a quantitative/qualitative sequence is in line with Cronholm & Hjalmarsson’s (201, p. 94) finding that that the researcher should start with a quantitative study when the researcher has a good pre-knowledge of the phenomenon or when the phenomenon is more concrete. Figure 4.1 below provides an overview of the explanatory sequential design used to inform the three phases of the study.



**Figure 4.1 Sequence of the phases in conducting the study using explanatory sequential design**

Creswell (2015) finds that the strength of explanatory sequential design lies in the fact that the phases build upon each other, so that there are distinct, easily recognised stages of conducting the study. In the current study, the first phase, the survey, was used to inform a quantitative analysis of a range of groups and their characteristics. This was then used to inform the

qualitative research in the next phases: interviews with group participants and then with service providers. For instance, the survey finding that the majority of groups have fewer than 40 members was explored in the context of individual preferences for participation. Survey findings on autonomy in the groups were explored in interviews with service providers to shed light on the relationships between the groups and outside authorities. Completing each phase before starting the next helped the researcher to view the study as a whole by allowing time for reflection on what had passed and what was to come.

Explanatory sequential design has been used in a range of research, when researchers want to identify participants or groups based on quantitative results and follow up with the individuals or groups through subsequent qualitative research (Zhang & Watanabe-Galloway, 2014). In a study with similarities to the current study, Derges, Clow, Lynch, Jain, Phillips, Petticrew et al. (2014) nested a qualitative study component, using a series of in depth interviews, within a larger cluster randomised trial (CRT) in order to identify the benefits of participation in a health intervention program. The researchers found the combination of quantitative and qualitative components added depth to the findings, helping the understanding of subjective experience in relation to participation, because:

In this study, participation was not a simple binary variable, and quantitative measures alone did not pick up the subtleties and complex variations. Our findings show that participation is a complex and dynamic process with wellbeing at its core. (Derges et al., 2014, p. 7)

Explanatory sequential design has also been used effectively to explore differences between views of ‘successful ageing’: one a quantitative study of overall functioning according to the WHO definition of health, public health policy, and the other the perspective of the older people themselves. As part of the longitudinal Leiden 85-plus study (Von Faber, Bootsma-van der Wiel, van Exel et al., 2001), researchers used established quantitative instruments to assess physical and social functioning in a survey of all inhabitants aged 85 and over, with a response rate of 87%. This was followed by in-depth interviews with 27 participants found to be representative of the overall study group ‘to discover motivations, ideas and determinants from the perspective of the elderly persons themselves’. In addition, ‘Observation of the participants in their home situation was a complementary tool’ (Von Faber et al., 2001, p. 2694).

#### **4.4 Pragmatism as the ideological approach**

In a recent editorial, Yardley and Bishop (2015) ask what is so special and different about mixing quantitative and qualitative methods, finding the answer in the epistemological origins of the methods - either realist or interpretive. They suggest that in a postmodern society this dichotomy is less relevant than in the past: ‘It is this convergence on an epistemological middle ground that has made mixing methods possible and attractive’ (2015, p.1). Yardley & Bishop go



on to discuss a further aspect of mixed methods research: that this convergence has led to the popularity of pragmatism as a philosophical foundation for mixed methods, because:

At a practical level, pragmatism can be understood as simply choosing the appropriate method for the research aim. ... At a philosophical level, pragmatism provides a perspective that can view qualitative and quantitative methods as distinct but commensurate, because both can be regarded as means of knowledge production that derive their value from the match between the goals of the research and the activities undertaken. (2015, p. 2)

After considering other worldviews including postpositivist, constructivist and participatory approaches, this study was most suited to adopting a pragmatic approach.

A pragmatist approach to the epistemological problem is found elsewhere, for instance in health psychology. Cornish & Gillespie (2009) found that the multiplicity of forms of health-related knowledge raised challenges for health researchers; they proposed a pragmatist approach, where ‘knowledge is a tool for action and as such should be evaluated according to whether it serves our desired interests’ (p. 800). Creswell & Plano Clark (2011, pp. 43) describe pragmatism: ‘It draws on many ideas, including employing “what works”, using diverse approaches, and valuing both objective and subjective knowledge.’

Creswell & Plano Clark (2011) further outline other elements of pragmatism- ontology, epistemology, axiology, methodology and rhetoric which should be considered by those employing this approach. Each of these elements is outlined in Table 4.1 below (adapted from Creswell & Plano Clark, 2011, p. 44).

A pragmatic approach was adopted in the current study, that is, as an approach ‘guided primarily by the researcher’s desire to produce socially useful knowledge’ and ‘oriented to solving practical problems in the “real world”’ (Feilzer, 2010, p.8).

<b>Element</b>	<b>Usage</b>	<b>This study</b>
<b>Ontology</b>	Singular and multiple realities, provision of multiple perspectives	Recognition and gathering of multiple perspectives, knowledge and reality: older people as group participants and in their whole lifestage; professionals employed in health, welfare and government
<b>Epistemology</b>	Practicality: researchers collect data by ‘what works’ to address the research question	Researcher had freedom to choose method and approaches to best meet needs/purpose to most usefully generate knowledge and understanding of the characteristics and role of older people’s groups - collectively and individually.
<b>Axiology</b>	Multiple stances: research include both biased and unbiased perspectives	‘Insider’ perspectives - group participants - and ‘outsider’ professionals
<b>Methodology</b>	Combining: collect both quantitative and qualitative data and mix them	Survey of groups in area Interviews with group participants and professionals Document analysis
<b>Rhetoric</b>	Formal or informal: researcher may employ both formal and informal writing styles	Formal presentation of the research. Use of informal language – extracts from interviews – in order to present interviewees’ opinions directly

**Table 4.1 Elements of pragmatism as a worldview in this research**

#### **4.5 The role of the researcher**

‘Researchers generate questions that are consistent with their worldview’ (Plano Clark & Badiee, 2010, p. 284). A career background in advertising and marketing, and then as a high school teacher gave me a pragmatic view of how to tackle the research problem: looking for ‘what works’ to create effective and achievable solutions to perceived needs.

It was only when I became an ‘older person’ (a third ager) that I became aware of the world of ‘older people’. There followed years of experience as an organiser of and participant in third age groups, and as a volunteer community member working with professionals on older people’s leisure and learning activities, and on a number of committees, such as the Tasmanian Positive Ageing Consultative Committee, advising the State Government on older people’s issues and interests.

I also started two groups promoting the interests and wellbeing of third agers. For TALENT (Third Age Learning Network of Tasmania) I ran forums and discussion groups, wrote

newsletters, booklets and brochures, spoke at conferences (MacKean, 2002, 2009), and made submissions on behalf of older people's learning. The lobby group SAGES (Seniors Action Group Eastern Shore) urged the local Council to do more for their older residents. I was one of the founding members of the municipality's Positive Ageing Advisory Committee which was set up, largely as a result of the work of SAGES.

This long period of practical experience and involvement in older people's issues raised a number of questions about older people and the groups to which they belonged for which I then sought answers. In 2006 I was accepted to study for a Masters degree in Education, researching the topic: *Ageing Well: An Inquiry into Older People's Experiences of Community-based Organisations*. I was awarded an M. Ed in 2010. The current study is intended as a broader, deeper study of older people's wellbeing and how they can achieve and maintain it.

My previous and current life experiences have influenced much of the study design. The focus on older people's participation in groups as a possible source of wellbeing was the result of my observation and involvement in these groups over many years. My local knowledge was one reason to choose the municipality in which I lived as the research setting to investigate a range of older people's groups in one area (4.7.1).

#### ***4.5.1 Reflexivity in conduct of the study***

The active involvement of the researcher is now accepted practice in qualitative research and in methods such as interviewing. Neutrality is not seen as necessary or achievable, rather, interviews are seen as opportunities for the joint production of knowledge (Gubrium & Holstein, 2003b).

In conducting this study I was aware that my experience as a peer-group participant created a temptation to become too involved. It was important to concentrate on a reflexive approach to the project, to recognise that 'we are part of the social events and processes we observe and help to narrate' (Atkinson & Coffey, 2003, p. 120). I consciously preserved a peripheral stance in the one-off interviews – to create rapport but to mark the interviewing relationship by 'respect, interest, attention and good manners ... friendly but not a friendship' (Seidman, 2006, p. 96).

In the interviews with members of older people's groups (as outlined in section 4.7 below), my age, gender and similarity of background and my previous meeting with the interviewees gave some advantages; I could not be regarded as a threat or even as someone or something out of the ordinary. Similarities in personal characteristics – age, interests and local residence – helped to minimise power imbalances which are often a concern of researchers (Seidman, 2006; Green & Thorogood, 2014; Liamputtong, 2013a, b). These similarities helped to establish a reciprocal relationship (Tedlock, 2003) between the researcher and the interviewees, where both were co-participants in a dialogue (Angrosino & Perez, 2000). In this respect, Silverman (2005, p. 255) quotes Hammersley & Atkinson (1983, p. 78): 'People ... are often more concerned with what kind of *person* the researcher is than with the research itself. They will try to gauge how far he or

she can be trusted.’ Interviewees accepted me as they would accept a new member of the group; in those interviews that took place in the interviewee’s home, I was accepted as a guest to be made welcome. In the interviews with service providers, I was greatly assisted by the interviewees’ professional and personal interest in the topic; all were keen to give their views drawn from their wide range of experiences. Their interest, and their ready acceptance of the researcher as someone with experience in the topic, created a climate of cooperation and purpose which greatly aided the process and progress of the study.

#### 4.6 The research context and study area

In order to identify the characteristics of community groups run by and for older people (Research Question One) more broadly than is shown in existing studies of older people’s particular kinds of peer-run groups, it was decided this study would examine the *range* of groups available to older people living in a selected area.

A local government area in Tasmania, here given the name ‘Clearview’, was chosen as the setting for the research, for a number of reasons. First, Clearview contains a great variety of types of settlement and socio-economic differences within a defined area: urban, suburban and rural; historic townships and new dormitory suburbs; seaside holiday resorts now with permanent residents; affluent areas and Greenfield public housing developments. A patchwork of settlement over 200 years has been brought together into one local government area under one municipal council. A history of the area (Alexander, 2003) found that the range of community organisations in the area reflects the diversity of population and settlement. Another reason for choosing Clearview as the study area was because it has a large and growing population of older people (Table 4.2). At the time of the 2011 Census, 16.6% of the residents in the municipality were aged 65 or over (ABS, 2012). The median age in ‘Clearview’ is 41, compared to the median age in Tasmania of 40, and 37 in Australia (ABS, 2012). In seventeen of the twenty five Clearview districts, more than 20% of the population is aged 55 and over; in six of these, the proportion of older residents is over 30% (ABS, 2012).

Census year	Number of residents aged 55 and over	% of total residents
2001	5,089	14.8%
2006	7,862	15.8%
2011	8,831	17%
<b>10 year increase</b>	<b>3,742</b>	<b>2.2%</b>

**Table 4.2 Changes in the number and proportion of ‘Clearview’ residents aged 55 and over**

At the time of writing this thesis, 2016 Australian Census data were not available, but it was expected that the trend of growth in the number and proportion of older people in the area would continue.

A third reason for choosing Clearview as the research context was that a list of many community groups for older people in the area was available in the form of a free booklet, the *Get Going Guide* published by the municipal council every two years and widely distributed in the area. The 2010 edition, which contains 96 entries of groups in the area, was used as the starting point for developing a survey sample and as a source of identifying groups. Each group has a paragraph in the booklet describing its activities and giving a contact name and telephone number. The aim of the booklet is given as:

To help showcase the rich variety of activities for older people by providing a useful guide for leisure, learning and living in [municipality]. (2010, p. 3)

The final reason is I have in-depth knowledge of the research area. I have lived and worked in the area for over 35 years, and since leaving paid work I have been involved in the membership and management of older people's community groups in the area.

#### **4.7 Research methods**

The chapter now discusses the research methods chosen in order to fulfil the aims outlined above. The methods used in the three successive phases of the research (Figure 4.1) - the survey of older people's groups in the area, the interviews with older people who are members of groups, and the interviews with service providers – are set out in turn. This pattern follows the explanatory sequential design chosen as the methodology and the three phases as they were sequenced in practice.

##### ***4.7.1 Phase one: Survey of older people's groups in Clearview***

The research process began with an exploration of the characteristics of older people's peer-run community groups, in accordance with Research Question One.

It was found unnecessary to contact individual residents, because a list of groups was already available; the groups that had sought to be included in the *Get Going Guide* fulfilled the criteria – groups in a local area that were sufficiently interested in recruiting older people as members as to send in their details for publication. As stated earlier, the free and readily available booklet was one reason for choosing 'Clearview' as the research area.

**The current study was never designed as a comprehensive study of older people's peer-run groups in the area - that would have required far wider research and larger samples. Rather, the focus was on exploring the nature of groups as entities, with the end purpose of discovering which characteristics influenced local residents' decision to join one group rather than another.**

#### **4.7.1.1 The survey questionnaire to groups**

To obtain data on the characteristics of older people's groups in Clearview, it was decided to use a questionnaire mailed out to the contact person for each group listed in the *Get Going Guide*. Burns (2000, p. 581) lists the advantages of a questionnaire: less expensive to administer than face-to-face interviews; identical questions to each respondent; freedom to answer in their own time; avoidance of any fear, embarrassment or influence from direct contact. The disadvantages Burns lists, such as non-flexibility of responses, could be largely overcome by including an 'other' space for a response, 'to avoid forcing responses that are inappropriate' (p. 572).

A one-page double-sided questionnaire (Appendix 1) was designed, guided by the comprehensive guidelines on questionnaire and schedule design in Burns (2000, pp. 571-582).

The questionnaire included both closed and open-ended questions. It sought information on:

The name of the group and the activities offered, including social activities;

The organisation: who ran the group, group finances, and whether the group received assistance from any outside source;

The membership – numbers, ages and gender. Recruitment processes. Cost of membership.

The meeting place of the group, and the days and times of meetings.

Topics of interest or concern to the groups (Space left for comments, with suggestions of possible topics).

The questionnaire ended by asking whether the group would be willing to forward an invitation to their members to take part in an interview. The questionnaire was discussed with supervisors, and pre-tested informally with other third agers who had experience of participation and governance of older people's groups.

#### **4.7.1.2 Sampling criteria**

This study employed a purposive sample, that is, directed and deliberate, with conscious choices about who and what to sample in order to obtain the needed data (Strauss & Corbin, 1990, p. 187). Purposive sampling was chosen rather than random sampling because the aim was to simply to explore a phenomenon, not to make inferences about its distribution. The power of purposive sampling is in selecting information-rich cases for study (Patton, 2002), and it had been decided at the planning stage that the study setting should be a discrete area where a range of groups was operating and for which information on local groups was available.

A further reason for purposive sampling was to fulfil the aim of identifying the range of opportunities to join a group available to older local residents of an area, which in turn could

shed light on an individual's reasons for choosing one group rather than another. These criteria were satisfied by the choice of the municipality Clearview as the research area and the use of the *Get Going Guide* booklet as the source of samples. Using the booklet as the source of samples set parameters on the scope of the survey by ensuring that *all* the groups contacted fulfilled the criteria for selection, that is, they were groups which identified as older people's groups and to which older residents in Clearview belonged.

#### **4.7.1.3 Recruitment and data collection**

First contact with the groups was by a telephone call to the contact person listed in the *Get Going Guide* for each group, in order to ascertain whether the contact details were correct, whether the contact person was willing to take part in the research on behalf of their group, and if so, to obtain a postal address to which the questionnaire and accompanying letter could be sent. The telephone calls revealed that there had been some changes to the groups and activities since the booklet was published, reducing the number of possible respondent groups to 78. When a favourable reply was received, the questionnaire (Appendix 1) was posted to the contact person for each group. Sixty four questionnaires were returned, representing a response rate of 82%. Forty six of the 64 responses (72%) included a comment in the space provided. Nineteen groups (30%) sent a copy of their newsletter or an explanatory letter giving further details of the group.

A further attempt was made to complete the returns. Contact persons of groups that had not responded were contacted again by telephone, reminded of the survey and asked if they would consider participating, but no further surveys were returned.

#### **4.7.2 Phase two: Interviews with older people, group participants**

The second aim of the study was to understand how and why older people engage with the peer-run groups, the role that participation plays in their lives and its contribution to their feelings of wellbeing, in accordance with Research Question Two. The method chosen was through one-on-one interviews.

Interviews have been described as a 'methodology for listening' (Silverman, 2005, p. 154); they enable interviewees to 'speak in their own voice and express their own thoughts and feelings' (Berg, 2007, p. 96). Moreover, interviews establish a relationship between the interviewer and interviewee, not only through dialogue but through non-verbal communication that helps build mutual understanding (Gorden, 1980). This social interaction 'consists in a continuous series of acts of meaning-establishment and meaning-interpretation' (Schutz, 1972, p. 169), so that both become equal participants or even collaborators in a dialogue (Gubrium & Holstein, 2003c).

In-depth, one-to-one interviews were seen as the most effective method of exploring a central issue in the study - the relationship between participation in a group and older people's feelings of wellbeing. It was shown earlier that studies of older people's wellbeing use interviews with individuals (e.g. Bowling et al., 2003; Black & Dobbs, 2015), because 'wellbeing' is 'fluid' - a

feeling varying over time and between individuals (Mroczek & Spiro, 2005). As Bond & Corner (2006) explain: 'The meaning of quality of life lives in the individual's mind and reaching subjective accounts may be the only way to access it' (p. 156).

This study chose the semi-structured type of interview, as this has characteristics that make it appropriate to the desired results. Semi-structured interviews avoid the predetermined format of the structured interview and the wide-open situation of unstructured or open-ended interviews (Berg, 2007; Gubrium & Holstein, 2002). In a semi-structured interview the sequence of questions can be varied, as can the wording. This approach allows the interviewer scope to pursue themes that might emerge during the interview, and interviewees' responses are likely to be more open when they are not directly constrained by the interviewer's questions (Drew, Raymond & Weinberg, 2006, Mason, 2009).

Freebody (2003) explains the value of this approach:

Semi-structured interviews aim to have something of the best of both worlds by establishing a core of issues to be covered, but at the same time leaving the sequence and the relevances of the interview free to vary, around and out from that core. (p. 133)

#### **4.7.2.1 Group participants: The interview schedule**

Early in the process of designing the research, the researcher had considered creating two interview schedules, for the organisers of the groups and for the other members. This idea was abandoned because the researcher's experience of peer-run groups had shown not only that organisers are members themselves but that many members are involved to some extent with the running of the group. The interview schedule was therefore designed to be flexible and capable of adaptation to the different experiences of the interviewees.

The schedule consisted of nine questions with sub-questions on a range of topics (Appendix 4). The format was flexible in the order and wording of questions, to allow for differences in views and experiences among the participants (Wooffitt & Widdicombe, 2006).

#### **4.7.2.2 Sampling criteria**

The explanatory sequential research method selected required the purposeful selection of 'typical' individuals (Ivanova & Stick, 2007; Creswell & Plano Clark, 2011), in this case, current members of the groups that had previously provided data in the questionnaire. Purposive sampling is defined as 'explicitly selecting interviewees who are likely to generate appropriate and useful data, and including enough of them to answer the research question' (Green & Thorogood, 2014, p. 121). Freebody (2003, p.79) describes the strategy as 'expedient': selecting people who are available and appropriate – interested, engaged in relevant activities, showing characteristics of interest to the study or perceiving problems relevant to the study.



The criteria for selection were designed to identify potential interviewees as belonging to a specific cohort, the third age (Laslett, 1989, 1991) (2.10.4), because this is the cohort around which this study is designed. It was stated that interviewees should no longer be in paid work, and still living independently in their own home – that is, neither second age nor fourth age. Fulfilment of these third age criteria was ascertained beforehand and checked at the start of each interview.

A criterion of the age of 65 as the starting point for recruitment was chosen for several reasons. It covers a large and growing proportion of the population; at the time the interviews were conducted, 16.1% of Tasmania's total population was aged 65 and over (ABS 2011b). At the time of interviews, 65 was also the age at which people became eligible for the Australian Age Pension, an occasion when individuals may decide to 'retire'. Although all the participants fulfilled these 'third age' criteria, there was a considerable difference in chronological age – a range of 27 years between the minimum-age criterion of 65 and the oldest interviewee. The final selection of participants is tabled below, (Table 4.3):

<b>Age</b>	<b>Female</b>	<b>Male</b>	<b>Total</b>
65-69	2	2	4
70-74	6	1	7
75-79	5	3	8
80-84	6	3	9
85-89	5	-	5
90 and over	-	2	2
<b>TOTAL</b>	<b>24</b>	<b>11</b>	<b>35</b>

**Table 4.3. Interview participants by age and gender**

The criterion that the interviewee should be a current group member was justified by the aim of the study: to inquire into older people's individual experiences as a member of a community-based group. These experiences could be extrapolated to provide an indication of the needs and interests of others in that situation. This follows Freebody (2003, p. 148):

Generally, interviewees are interviewed because of their membership in a certain category. One of the particular strengths afforded by interviewing as a research technique is that the researcher can plan to interview a variety of persons, sampled across a range of categories relevant [to the project]. ... So one set of rights and responsibilities... for an interviewee is not just to talk, but to talk-as-a-speaker in and for the category that seems of interest to this interview.

Selection of interviewees via organisations to which they belong is particularly appropriate for older people, since:

The experience of aging shapes and is shaped by daily participation in particular social worlds. Aging takes place in various group and institutional settings. ... Research on aging in these natural settings opens the door to an understanding of the career of later life and its daily work: adapting to loss and dependency, building and rebuilding relationships, retaining and enhancing competency, and, above all, maintaining self-identity as individuals interact with others. (Lyman, 1994, p. 155)

It was decided at the planning stage that the sample of interviewees should be 35: a member-organiser and four current members from each of seven groups. These figures were chosen because it was decided that this size of sample would provide a great enough range of data to allow the research questions to be thoroughly addressed (Liamputtong, 2013; Patton, 2002). When some groups did not yield the full quota, two more groups were added during the interviewing period in order to bring the number of interviewees up to 35 (Table 4.4).

The final selection of interviewees and the groups to which they belonged is shown below, (Table 4.4):

<b>Group</b>	<b>Female</b>	<b>Male</b>	<b>TOTAL</b>
Bowls Club	-	3	3
Cancer Auxiliary	5	-	5
Craft Group	5	-	5
Gentle Squash	1	1	2
Historic Society	2	1	3
Probus	1	4	5
Residents' Group	3	-	3
School for Seniors	4	1	5
Seniors Group	3	1	4
<b>TOTAL</b>	<b>24</b>	<b>11</b>	<b>35</b>

**Table 4.4. Interview participants by group and gender**

#### **4.7.2.3 Recruitment**

Twenty eight groups had stated in their response to the questionnaire that they were willing to pass on the information on interviews to their members. The responses were sorted first by the criterion of self-management, ensuring that only groups run by older people for their peers were included. The groups were then sorted using maximal variation sampling (Creswell, 2003): activities offered, size and type of group, neighbourhood (inner suburban, outer suburban, remote/isolated), gender makeup and estimated socioeconomic clientele. An initial total of seven groups was selected.

The researcher telephoned the contact person listed on the questionnaire response as gatekeeper for the group. It was arranged for the researcher either to attend one of the group meetings (seven

groups) or to meet the organiser(s) at the group meeting place in order to explain the purpose of the research and to ask for assistance in recruiting volunteers for interviews.

Potential interview participants were told about the research at the meeting of the group, either by the group organiser or by the researcher with the approval of the gatekeeper; the Information Sheet and Consent Form (Appendix 2; 3) were handed out at this stage. Seidman (2006, p. 256) sees this 'bottom-up' access, where the purpose and process of the study is explained to all, not just to the organiser, as very important for creating full understanding.

#### **4.7.2.4 Data collection process: Interviews with group participants**

Only those members who expressed an interest in being interviewed were asked for contact details – name and telephone number. The response varied; in four groups there was no difficulty in recruiting the full quota of five including the member-organiser. In other groups there were only one or two offers in addition to the member-organiser.

Potential interviewees were telephoned to arrange a convenient time and place to meet; there was one withdrawal at this stage. Where possible, interviews were arranged and conducted soon after the researcher's meeting with the group, while group members were likely still to remember the request and their response. In order to grasp an overall view of a particular group and its activities, the researcher aimed to interview all the participants from one group before moving on to the next group. In total, 35 interviews were conducted over a seven month period in 2013.

At the start of the interview, the interviewee was asked to read the Consent Form (Appendix 3) which set out the confidentiality of the process, and the researcher stressed this point again before they signed the form, to be sure that their participation was with informed consent based on voluntarism and full understanding of the implications of participation (Homan, 1991; World Medical Association, 2000). Interviewees were given a final opportunity to withdraw, and the researcher again emphasised that participation was a free choice and they could stop the interview at any stage.

Interviewees were then asked if they had any objection to having the interview digitally recorded. No one objected, and this technology was not found to be a barrier (Wenger, 2002). Recording allowed the participants to maintain eye-contact, helped to establish a friendly contact and encouraged them to speak freely about themselves. Recordings of talk and interactions 'although *never a comprehensive record of what's going on*, allow us access to many of the practices of social life' (Rapley, 2004, p. 386. Emphasis in the original). Recording also ensured that words, pauses, emphases, tone and laughter were captured, allowing for greater analytic depth (Minichiello, 1991).

The majority of the interviews (29 of 35) were conducted in the interview participants' home at a time convenient to them. Four interviewees asked to meet elsewhere, and this was arranged; two at the group meeting place and two at the researcher's own home, both situated in Clearview.

The meetings in the interviewees' homes were an opportunity for the researcher to observe the participants in their familiar surroundings, and for interviewees to show themselves as experts in their own lives (Elwood & Martin, 2000). It was also an opportunity for interviewees to show items relevant to the study or that were important to them. For instance, one member-organiser brought out her accounts book to explain how she handled the costs of the group. The organiser of the Historical Society showed and discussed the books and pamphlets published by the Society. Members of the craft group were keen to exhibit the many different items they had made that were displayed around the house, and their photo albums of other crafts.

The semi-structured interview format left opportunities for interviewees to expand as they wished on any topic they found interesting. The researcher also used probing and follow-up questions or simply nods of agreement and interest to encourage the flow. All but one interview, when the interviewee was on her way to the group meeting, lasted an hour or longer. All the interviewees were sent a greetings card afterwards, thanking them for their time and interest, in the spirit of 'honouring their words' and marking the end of the relationship (Seidman, 2006, p.105).

#### ***4.7.3 Phase three: Interviews with service providers***

The inclusion of service providers in the study had three underlying aims: to examine the relationships of older people's groups and their participants from another point of view; to explore the extent of contacts and relationships between the groups and a variety of service providers; and more broadly, to explore a wide range of professional involvement and expertise, from direct contact with older people's groups to broad policy on ageing and wellbeing.

These 'elite interviews' with professionals (Kezar, 2003; Goldstein, 2006) have a scant but useful literature. Gibton (2015), writing about research with policy makers, suggests that 'An interview offers an invaluable opportunity to uncover the surroundings, the circumstances, the context of policy, as well as being a good tool to reach information through personal acquaintance and a reciprocal exchange of ideas and data' (p. 82). An article on the practice and method of interviewing policy experts, (Beyers, Braun, Marshall & De Bruycker, 2014) argues that: 'Although such evidence has some subjective traits, it nevertheless represents pretty 'hard' evidence, when for instance it comes to the identification of key and salient issues' (p. 176).

##### ***4.7.3.1 Service providers: The interview schedule***

The interview was semi-structured to cater for service providers' varied professional experience and expertise, and for the likelihood that their experience of older people's self-run groups would vary. Aberbach & Rockman (2002, p. 673) suggest that in conducting elite interviews, 'If one needs to probe for information and to give respondents maximum flexibility in structuring their responses, then open-ended questions are the way to go.' Because of the service providers' different professional backgrounds and different experience of older people's groups, the interview process was flexible and exploratory rather than highly specified (Roulston, 2011).

This was designed to encourage service providers to speak freely and at length on their professional area sourced rich data, whether on their experiences with older people's groups or on the broader topics of ageing and older people's health and wellbeing.

The interview schedule consisted of five questions, with scope for further probing if the question proved relevant to the interviewee, or for moving on if not (Appendix 6). This strategy was effective; some service providers spent much of the interview discussing one or at most two of the questions, which varied according to their professional background and experience.

The first question inquired about the service provider's own organisation in order to explore two aspects: the degree of contact with older people's groups and, more broadly, the organisation's policies on ageing and older people. Two questions about their experiences with the groups followed; these were answered in detail by some, but were less relevant to those who were not in direct contact with groups. In addition to the flexibility built in to the semi-structured questions, the final question was open-ended:

*(From your experience in this field) have you developed any insights that would be helpful in my study of these groups?*

This question also evoked very different responses, from very little to valuable insights into one or more of the topics raised during the interview, reflecting the varied experience of the interviewees.

This section on the research methods used in the study has followed the sequential pattern of the mixed methods design chosen as the most appropriate to the aims of the study, with each phase building on the previous phase.

#### **4.7.3.2 Sampling criteria**

Purposive sampling was used to recruit service providers to the study. Interviewees were a sample from a range of professional roles - local service providers of government, health, welfare and educational services for older people - that could provide insight into the study aims and contribute to understanding the role of the groups.

From comments in interviews with group participants and from the researcher's own experience, it appeared likely that there would be considerable variation among service providers and their possible input to the study. Some were known to have direct contact with the groups; others working in the fields of health, welfare, and ageing were presumed to be concerned with policy but it was not known whether they had personal experience of older people's groups.

#### **4.7.3.3 Recruitment**

A list of possible areas from which interviewees might be recruited was drawn up in consultation with supervisors. Some service providers had been mentioned in the course of the interviews

with group members as people or organisations in contact with the group. Others were identified through ‘snowball sampling’ as having experience relevant to the study. Some were selected through the researcher’s own network of contacts. Local government staff and elected representatives on the local municipal council were included because of their work with services to older people in the municipality chosen as the research area.

There were no criteria for age or gender. All apart from three elected Council representatives were still in the paid workforce. Fourteen of the 18 are women.

The original proposal of ‘about fifteen’ interviewees was increased to 18 during the recruitment and interviewing period, mostly from suggestions and referrals, in order to broaden the scope of the data (Table 4.5). This increase was discussed with and agreed to by the study supervisors.

**The interviews were not seen as an exhaustive study of policy, but rather a search for ‘subjective perceptions’ (Walton, 1994, p. 15) from individuals with a knowledge of and concern for the domain. It was found that the input from service providers added valuable breadth and depth to the findings and gave direction to the broad concerns of ageing and older people’s wellbeing.**

#### ***4.7.3.4 Data collection process: Interviews with service providers***

Initial contact with potential service provider interviewees was by telephone or email. Service providers were all very willing to be interviewed when the purpose of the study was explained. When their consent to be interviewed had been obtained, interviewees were sent the Information Sheet and Consent Form (Appendix 3 and 5). Time and place of the interview was agreed and confirmed by telephone or email. Sixteen of the 18 interviews were conducted at the interviewee’s place of work. The other two were conducted at the researcher’s home, at the interviewees’ requests and at their convenience.

Interview participants were asked to read the Information Sheet and the Consent Form at the start of the interview, and were assured of anonymity. The interviews lasted for at least half or three quarters of an hour. There were no objections from participants to having the interview audio-recorded.

In total the 18 interviews in Phase Three were conducted during September to November 2014.

The final list of interviewees is given below, Table 4.5.

Code no.	Service providers	Number
	<b>STATE GOVERNMENT</b>	<b>5</b>
SP 11	<b>Dept. of Premier &amp; Cabinet:</b> Executive, Ageing Policy	
SP 6	<b>Department of Health:</b> Health Promotion Officer	
SP 7	<b>Department of Education:</b> Senior Executive Adult and Community Learning	
SP2	<b>State Hospital:</b> Coordinator of Volunteers 1	
SP 3	Coordinator of Volunteers 2	
	<b>LOCAL GOVERNMENT</b>	<b>6</b>
SP 4	<b>Paid staff:</b> Manager, Health and Community Development	
SP 13	Development Officer, health and wellbeing	
SP 14	Manager, Council–operated Activities Centre	
SP 8	<b>Elected Representatives:</b> Mayor	
SP 12	Alderman 1	
SP 15	Alderman 2	
	<b>NON-GOVERNMENT ORGANISATIONS</b>	<b>7</b>
SP 5	<b>Peak body, Older People’s Organisations:</b> Chief Executive Officer	
SP 9	<b>Peak body, Welfare Organisations:</b> Deputy Chief Executive Officer	
SP 16	<b>Peak body, Volunteering:</b> Chief Executive Officer	
SP 1	<b>Neighbourhood House:</b> Manager	
SP 18	<b>Day Respite Centre:</b> Manager	
SP 17	<b>Church:</b> Pastor 1	
SP 18	Pastor 2	
	<b>TOTAL</b>	<b>18</b>

**Table 4.5 Service providers: interview participants**

## **4.8 Data analysis**

Each of the three phases of data collection took place after the previous phase of collection and analysis was complete. In accordance with the explanatory sequential research design used in this study, the quantitative data were collected and analysed first (Creswell, 2015, p. 38).

### **4.8.1 Analysis of survey data**

Data analysis was via descriptive statistical analysis of the questionnaires to produce frequencies tables for the major variables. These tables were then examined and considered alongside a

thematic analysis of the responses to the open questions to report a set of findings. These findings were then examined to identify issues to be explored further in the next phases in the research sequence, the qualitative interview phases, in accordance with the research method chosen.

#### **4.8.2 Analysis of interview data**

The process of interviews with group participants and analysis of the data was the next distinct phase of the study.

Each recorded interview was downloaded onto the computer, then transcribed verbatim by the writer within at most two days of the interview. Each transcription was checked at least once against the recording and corrections made. Words and phrases given special emphasis were marked. Nuances of language and the nature of the conversation (e.g. pauses, laughter, ‘ums and ers’) were included in the transcription (Poland, 2002).

The recorded data generally followed the sequence of questions, with some digressions. During transcription, the data was given a preliminary division into paragraphs or sections, using the interview questions as sub-headings.

In order to show the interaction and turn-taking in speaking during the interviews, the interviewer’s words were transcribed as well as the interviewee’s (Wooffitt & Widdicombe, 2006). However, some parts of the interviews were not fully transcribed: social chat, for instance in the first getting-acquainted moments and some long accounts of family relationships or holidays taken in the past. These were reviewed at the time of transcription; some were included in full, others were noted but the full text was omitted from the final transcript.

Personal narratives emerged during several interviews, particularly on traumatic life events such as the death of a spouse or a close family member, as narrators tried to ‘make sense of themselves, social situations and history’ (Bamberg & McCabe, 1998, p. iii). Riessman (2002, p. 706) found that the ‘trustworthiness’ of narrative accounts cannot be evaluated ‘using traditional correspondence criteria’, but it was found that many of the narratives added valuable insights into the interviewee’s life experiences. Chase (2003) suggests that we should take life stories seriously as the way ‘people make sense of experience and communicate meaning’ (p. 274). At the very least, it was obvious that unburdening the personal story helped to relieve the interviewee’s feelings. These personal narrative sections were also reviewed at the time of transcription, and either included in full or parts were noted in the final version, depending on their perceived relevance to the study and the need to respect the interviewee’s privacy.

At the transcription stage, interviewees were given a code number and a personal pseudonym, a first name: *James, Bob, Maggie, Sally* and so on. All the interviews had been conducted using first names, as is usual in Australian society among people of the same generation. The transcriptions were printed in double spacing with a wide left-hand margin to allow for coding.



As the purpose of the interviews with group participants was to elicit individual motivations and opinions, an inductive approach was used in analysing the data: ‘the empirical conduct of speakers is treated as the central resource out of which analysis may develop’ (Heritage, 1984, p. 243, in Silverman, 2005, p. 185). An idea of the tenor of each interview had been absorbed in the three earlier stages: the interview itself, the transcription, and repeated listening to the recording when checking the transcript.

Coding the data took place in four main stages: first, *descriptive (open) coding*, sorting and organising the data with a label in the margin noting the main topic or theme of a section. *In vivo* coding, extracting the participants’ exact word or phrase, was often used as the label (Strauss & Corbin, 1990).

After the first three interviews, tentative moves were made to *thematic coding*, seeking to identify and group units that are similar to each other and distinct from other units on the similarity-contrast principle (Tashakkori & Teddlie, 2003, p. 715). Themes, or perceived patterns in the data, capture something important about the relationship of the data to the research question (Richards, 2005; Castro, Kellison, Boyd & Kopak, 2010). These themes were modified as new data became available.

Data were categorised in themes, e.g. *participation*, and sub-themes: *expectations*, *satisfactions*, *reasons to stop going*, *membership of other groups*. These sub-themes were further divided and categorised as new data emerged. As the process of writing up the findings progressed, *interpretive reading* was used – ‘reading through or beyond the data’ (Mason, 2009, p. 149) – with the aim of creating an overall picture and developing interpretive concepts from the study.

Throughout the process of analysis and writing, I was aware of my own experiences as similar in age to the interviewees and as a long-time member and organiser of peer-run groups, experiences that could be seen as both an advantage and a danger. I tried to employ *reflexive reading* of the data – ‘that part of the data that is the researcher’ (Richards, 2005, p. 42), such as my own contributions to the interview process. More broadly, I had to be aware of the temptation to make assumptions about the groups and their members based on my own experiences rather than drawn from the interviews, and of interpreting the data accordingly, rather than being sensitive to the range of interpretations and voices in the data (Mason, 2009, p. 177). Reading and re-reading the data, continual iterative examination and evaluation was my safeguard, supported by notes and a research diary made at the time.

A similar process of transcription was used for the service providers’ interviews as for the group members’. An inductive approach was also used in analysis of data from the interviews with service providers. As noted earlier, there was greater variation in service providers’ responses to the interview questions because of their diversity of experiences, for instance in their contacts with older people’s organisations, and in their different professional backgrounds.

Responses to each interview question were collated and topics noted by open coding. Similarities, differences and lacunae were then categorised by thematic coding. Interpretive readings tentatively developed overall concepts. A detailed report of the findings was then drafted, designed to act as a succinct form of the data for use in the integrated stage of analysis.

#### **4.8.3 Integration of the quantitative and qualitative strands**

It was suggested earlier that relationships were the underlying theme of the study: relationships between the groups and their participants, and relationships of the groups and their participants with their communities and with the policies and practices designed to promote older people's health and wellbeing in a world of demographic change. The aim of exploring these complex relationships influenced the choice of mixed methods as the research design; mixed methods research has been described as having 'substantial potential to generate unique results into multifaceted phenomena' (Fetters et al., 2013, p. 2051).

As detailed earlier, the three separate data sets had been collected and analysed sequentially. The next stage was to integrate the quantitative and qualitative data into one document (Zhang & Watanabe-Galloway, 2014), with a series of interpretive interfaces – the meeting and interacting of themes and results at the succeeding stages of the document (Guest, 2013). The study strove for a synergistic approach, where the different options interact so that their combined effect is greater than the sum of the individual parts (Hall & Howard, 2008).

The first stage of data integration was by use of the methods described by Creswell, Klassen, Plano-Clark & Smith (2011): *connecting*, *building*, *merging* and *embedding*. In the current study, the quantitative data base was connected to the qualitative findings on the groups by sampling interview participants via the responses to the questionnaire; findings from the questionnaire, for instance into governance of the groups, were built into the interview schedule addressed to group members and member-organisers.

The researcher is aware of the potential validity threats when connecting data in a sequential explanatory design (Creswell & Plano Clark, 2011, pp. 242-243), and has attempted to address them in the analysis, in answer to their question (p. 234) '*In what ways do the qualitative data help to explain the quantitative results?*' Two examples of the process are shown in Table 4.6 (Creswell, 2015, p.86).

Quantitative results	How qualitative interviews explain quantitative results	How qualitative findings help explain quantitative results
<p><b>Additional activities:</b> all the groups offer some form of social activity (social eating, excursions) in addition to the main group activity.</p>	<p>All group interviewees give social interaction as a reason for joining a group.</p> <p>Group member-organisers comment on observed positive effects of social interaction on members and strategies to encourage it by providing opportunities.</p> <p>Service providers comment on observed effects of informal social interaction.</p>	<p>Loss or diminishment of opportunities for social interaction (family, workplace) in transition to new lifestage and living in older age.</p> <p>Social interaction as an important element in older people's feelings of wellbeing.</p> <p>Participation in a group as an important but under-recognised element in older people's wellbeing.</p>
<p><b>Outside assistance:</b> Half the groups received assistance from other organisations</p> <p>Further analysis: 25% of groups found to receive help through subsidised accommodation but did not acknowledge this.</p>	<p>Member-organisers discuss types of help received and tensions (independence v. support) arising from relations with providers.</p> <p>Service providers discuss their social inclusion policies for older people and their own experiences of offering or providing assistance to groups.</p>	<p>Contrasts between attitudes to reciprocal help within the group and acceptance of outside assistance.</p> <p>Outside assistance identified as one of the four enabling factors for the continuance of the groups.</p> <p>Who is responsible for helping the groups, and justifications for helping – policies now and in the future.</p> <p>Independence as a third age characteristic.</p>

**Table 4.6 Integration of quantitative and qualitative data in explanatory sequential design**

The data sets were merged by weaving the data together in the interpretation of the results (Castro et al., 2010). The weaving approach involves writing both qualitative and quantitative findings together on a theme-by-theme or concept-by-concept basis (Classen et al., 2007). The study wove all the data sets into the findings and discussion of key themes, such as the types of activities offered. The integrated data informed the findings (Chapters Five and Six), and the discussion of findings (Chapters Seven and Eight). The weaving of quantitative and qualitative

findings into one synthesised narrative enabled the discussion and interpretation of wider themes (Bradley, Curry, Saptz et al., 2012), for instance, in exploring the implications of the research findings.

#### **4.9 Legitimation**

In accordance with the choice of mixed methods as the research method for the study, the rigour of the findings was supported and strengthened by the balance, blending and comparison of several data sources. Drawing on Johnson & Onwuegbuzie's (2004) list of the processes to be employed in legitimising mixed methods research, this study now outlines how the process were considered and addressed in the research in the analysis, interpretation and presentation of the findings.

*Triangulation:* defined as seeking convergence and corroboration of results from different methods and designs studying the same phenomenon (Johnson & Onwuegbuzie, 2004). For instance, concepts such as the importance of group autonomy were explored and compared from different points of view. Findings on the peer-group governance of groups responding to the questionnaire were explored in interviews with group participants, particularly with member-organisers; for instance, how well did it work and what problems arose when another characteristic of the groups – age homogeneity – affected the efficient running of the groups. Service providers with contact with the groups were able to give an 'outsider's' view of the problems that could arise, and the vexed question of relationships between the groups and the service organisations. The result was a clearer picture of the meaning and importance of group autonomy.

*Complementarity:* illustration, elaboration and clarification of the results from one method with results from the other method (Onwuegbuzie & Johnson, 2006) For instance, findings on the size of the groups helped to illustrate and explain the participants' expressed wish for social interaction; friendships, mutual support and group involvement were all found more available and more prevalent in small groups than in large groups.

*Expansion:* seeking to expand the breadth and range of research by using different methods for different inquiry components, as in the use of both quantitative and qualitative techniques in the sequence of inquiry (Creswell, 2015; Tashakkori & Teddlie, 2010) In this study, the finding that the 64 groups offered a wide range of leisure activities pointed to issues to be explored in the two sets of interviews. For group participants, it led to exploration of why and how a group would start up and participants' reasons for joining a number of different groups. Broader themes emerged: the importance of choice and personal control in older age, the diversity of interests and capacities in older age, the perceived need to restore or previous interests and occupations, and the effect of shared activity on feelings of wellbeing. For service providers, the number of groups raised a variety of issues: instrumental issues - a suitable place for the group to meet,

public liability insurance, how much support each little group would need and how ready they would be to accept help, and the rationales for outside support and assistance.

In summary, the data sources used in the study are:

- Responses to a questionnaire from 64 older people's groups in the research area;
- Interviews with 35 current members of older people's community groups;
- Interviews with 18 service providers;
- Documents: *Get Going Guide* booklet listing groups in the area; group newsletters; policy documents and information leaflets from service providers.
- Informal observation of meetings of the selected groups, the home circumstances of interviewees from the participant groups, and the work places where interviews with service providers were conducted.

Other checks were built into the research process. The writer's research diary, drafts from different stages of the study, notes of discussions with supervisors and copies of emails between the writer and supervisors created a 'log trail' (Richards, 2005, p. 143) plotting the stages of the study.

#### **4.10 Ethical issues**

The proposed study received the approval of the Social Science Human Research Ethics Committee (Minimal Risk Application): Ethics Ref: H0012223, on 1 December 2011. Participation was based on informed consent; group organisers, interview participants and participating service providers were given the appropriate Information Sheet (Appendix 2 and 5). Participants were volunteers; all participants signed the relevant Consent Form (Appendix 3). Confidentiality is assured in accordance with the requirements of the Ethics Committee. Access to data is restricted to the researcher and supervisors; data is stored on a computer protected by a password; hardcopy data storage is in a locked cabinet in the researcher's home office; subsequent storage of all information will be in University secure storage. Data will be retained for five years and destroyed thereafter.

This chapter has outlined the methodological framework of the study. It has described the use and benefits of a mixed method design and the reasons for choosing an explanatory sequential design and detailed the processes used for data collection and analysis. The next chapter presents the first set of findings drawn from the integration of the quantitative and qualitative phases of the research.

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## Chapter Five Findings on older people's participation in peer-run groups

### 5.1 Introduction

This chapter and the next present the findings from the study of older people's peer-run groups and the factors that enable them to contribute to their participants' feelings of wellbeing. They respond to the study aims set out in Research Questions One and Two.

Findings are drawn from the quantitative and qualitative data sets and presented in an integrated form using a mixed methods approach which weaves the strands together, drawing on all data sources to create a synergistic whole.

This chapter explores the data on older people's reasons for deciding to join a group. Responses to the interview question: *Why did you join* [the group from which you were recruited] reveal a number of different reasons influencing an individual's choice of the particular group. The chapter examines these reasons and the different ways in which the groups try to satisfy their participants' *expressed* or *implicit* needs. Findings on the life experiences of the participants, their families and friends, their other interests and activities are incorporated in order to fill out the picture of the role of group participation in their lives.

The chapter further explores the concept of 'wellbeing', linking it to participants' experiences as group participants and addressing the interview question: *Has being a member of community group(s) had any influence on the way you feel about your health and wellbeing? In what ways?*

**The findings show that participants equated their personal concepts of 'wellbeing' with their feelings of *satisfaction* with their participation in the group. They linked these satisfactions to their given reasons for deciding to join a group: their *need* for social interaction and the opportunity to take part in their choice of activities, for support both given and received, and in order to find continuing meaning and purpose in their lives.**

### 5.2 '*I think it does you good*': Choices and satisfactions in group participation

The 35 group members who took part in interviews were all in their third age, with a 27-year spread in chronological age (Table 4.3). Some had made the transition very recently, others as long as 25 or 30 years earlier. The participants' descriptions of their family and friends and of their daily activities and interests revealed that they all felt that their lives in their new lifestage were very different from previously; they were still experiencing changes in their lives which quite often altered or diminished previous feelings of satisfaction.

Participants' feelings were explored through a series of questions on why they had decided to join a group. All the group participants gave at least four reasons for their choice. These reasons were analysed into five broad categories as shown below in Table 5.1: social interaction,

activities, giving and receiving support, meaning and purpose, and practical reasons such as cost and access to the group meeting place.

<b>Reasons to join a group by category</b>	<b>Women total n= 24</b>	<b>Women total %</b>	<b>Men total n=11</b>	<b>Men total %</b>	<b>Total participants choosing reason</b>	<b>Total % choosing reason</b>
<b>Social</b>	<b>24</b>	<b>100%</b>	<b>11</b>	<b>100%</b>	<b>35</b>	<b>100%</b>
<b>Activity</b>	<b>17</b>	<b>71%</b>	<b>11</b>	<b>100%</b>	<b>28</b>	<b>80%</b>
<b>Help/support</b>	<b>21</b>	<b>87%</b>	<b>3</b>	<b>27%</b>	<b>24</b>	<b>68%</b>
<b>Purpose</b>	<b>22</b>	<b>91%</b>	<b>11</b>	<b>100%</b>	<b>33</b>	<b>94%</b>
<b>Convenience</b>	<b>17</b>	<b>71%</b>	<b>8</b>	<b>73%</b>	<b>25</b>	<b>71%</b>
<b>Average reasons per person</b>	<b>4.2</b>		<b>4.1</b>			

**Table 5.1 Interview participants' reasons given for joining a group, by gender**

‘Social’ reasons – the desire to meet and mix with other people and to make friends – were given by all the participants in answer to the question: *Why did you join?* A second reason was the desire to take part in their choice of an activity that they found interesting and stimulating; this was often expressed as a desire to learn new things or to practise previous skills. The third reason for joining a group was that participants felt the need to give and receive support from others in the group, or to be aware that help and support were available when needed. The broad category of ‘meaning and purpose’ as reasons to join covers participants’ expressed need to feel and be useful by helping and supporting others in the group and in the community, and their purposeful wish to build personal meaning in their lives through learning. Participants also gave practical reasons for choosing a particular group; they looked for groups that were convenient to join – easily accessed, with adequate facilities, and at a cost they could afford.

Further analysis of interview responses showed that participants had chosen to join a particular group because it satisfied one or more of the reasons they gave for joining (Table 5.1). For instance, all five participants from the School for Seniors, at which visiting speakers give talks on a variety of topics, expressed a wish for ‘learning’. In the Cancer Auxiliary raising money for the local hospital, all five joined because they wanted to ‘help others’.

Some participants looked for opportunities to continue with a lifelong interest, though often in a different form. Ex-footballer Joe had chosen to take up bowls: *‘Having been involved in football for – oh, 30 years I suppose, as a player and organiser, all this was sort of a new interest. And as a result I did get involved, and I’ve enjoyed it’* (M 75). Bess had joined the Historic Society in the suburb where she had lived all her life; she enjoyed: *‘Hearing history, even though you’ve been here all this time. Hearing snippets and you think, Gosh, I haven’t heard about that since I was a child’* (F 86). Others saw their third age as an opportunity to try new activities and pursue

new ideas: to learn painting, or needlework, and to share their interests and concerns with others: *'Then we have a general discussion, anything that anyone is concerned about – we bounce off each other'* (F 73).

It emerged that all the interview participants belonged to at least two groups: other leisure activity groups, volunteering activities in the community (such as delivering Meals on Wheels, , helping with reading programs or mentoring in local schools), and social and charitable groups connected to their church, or helping to raise money for charities. Membership of other groups varied from 2 to 7, with an average for the women of 3.1, and for the men, 3.9. All the participants had well-established relationships with family, neighbours and friends, but it became clear that participation in a group satisfied needs that other relationships could not.

The data were then explored for details of the reasons why the 35 interview participants felt the need to join a group or groups (Table 5.1), and whether it was changes in their lifestyle that had influenced the decision.

### **5.3 'I'm a people person': Social interaction as a reason for joining a group**

Of the different reasons given for deciding to join a group 'Social' – the desire to meet people, make new friends – was the most important, chosen by all the interview participants. Harry, moving from interstate, realised he needed to create a new social circle: *'I was looking for something to do to meet people'* (M 80). But local residents also sought new social contacts – *'Someone to talk to'; 'Meeting with other people'; 'Trying to connect with other people in the area'*.

The interviews revealed that social contact was rated so highly because, for many, their previous social relations had changed and often diminished with changing life circumstances. Their descriptions of their family and friends and their daily activities and interests revealed that they felt they were experiencing changes in their lives which quite often altered or diminished previous feelings of satisfaction.

Questions about family circumstances revealed that as participants' family relationships had changed, so had their opportunities for social interactions. The time of daily responsibility for their children was over; adult children had their own homes, many had children of their own. Some had moved to mainland Australia – a common occurrence in Tasmania, where job opportunities are limited. Only one woman, a widow, had her grown-up daughter living with her. Most participants reported they still had some contact with their adult children. Roy had a son living nearby who would come and mow his lawn; Mary's daughter would drive her to the local shops. Others described how they kept in touch with their children by phone, email and Skype; their holidays away from home were often visits or to stay with adult children interstate. But the nature of the relationships had altered, increasing their need for new social contacts. Participants' relationships with grandchildren had also changed over time, as Judith recognised:



*'The grandchildren want you when they're young, but then they grow up and they don't want you then. It's not a case of not wanting, but they've got their own lives to lead'* (F 84).

A profound and lasting change in family circumstances was the loss of a spouse. Twelve of the women participants (50%) were widows, three (27%) of the men; all but one of these was living alone. Sally had lost her husband suddenly three years before, and the interview brought the experience back as she remembered with tears her marriage of fifty-four years: *'It's a huge, huge empty space in your life'* (F 77).

Another source of regular social interaction, work colleagues, no longer existed, as all the participants had left paid work, some of them 20 or more years ago. Roy admitted to missing the social contact when he first retired, though he *'didn't miss the job so much'* (M 80). Contacts with former workmates had declined as the retirement period went on; only one man, Ken, mentioned an occasional lunch with ex-colleagues as part of his social network.

Some described changes in friendship networks with a sense of loss and sadness, as death, restricted mobility or relocation impacted on contacts with friends as they all grew older. Doreen had experienced such a loss: *'This [socialising] is one of the things I do miss, because a lot of my friends – some of them have passed on. A lot of the friends I had have moved to the mainland'* (F 81). Eighty year old Janice found: *'I seem to be running after friends who can't walk properly, they're on walkers and in nursing homes.'*

Neighbourhoods in Clearview varied in their opportunities for social contacts. Mary, tied to her home caring for a severely disabled husband, complained: *'You never see no one much round here'* (F 86). Relations with neighbours were noticeably stronger in the small isolated rural suburbs. Dolly found: *'Whatever is going on here, we get involved with. It's a nice little community'* (F 83).

Thirty of the 35 participants (86%) held a driving licence, but many had changed their driving habits, preferring not to drive at night or any great distance: *'If I can go to a matinee, I'll go'* (F 73); *'My car stays mainly in the garage, or just locally'* (M 80). Several were worried they might have to surrender their driving licence, so restricting their social lives further. Trish was still driving to another suburb rather than joining the School for Seniors meeting in the next street: *'Having made friends at [group] and I can still drive there, I'll just keep on'* (F 83). So long as she was able to drive, continuity of friendships was more important to her than convenience.

So, for many of the participants, opportunities for social contacts had changed, diminished, or disappeared altogether as they grew older. They were unanimous in seeking another opportunity for social interaction, through membership of the voluntary community groups which have grown out of this very need. Widower Joe was sure: *'I think if I hadn't have been involved [in the Bowls Club] I would be a very, very lonely old man'* (M 78).

### 5.3.1 Opportunities for social interaction in the groups

Group organisers recognised how much their members needed and valued informal social interaction and made time for it. The president of one group had reorganised the program to give an hour for supper after the meeting, and was happy with the change because he found:

*In that time, there's so much more expansion of **spirit** of the organisation. So it's good to have the formal stuff, but it's also the **informal** that gives the networking. We've almost got to shoo them out of the door. So that's been a social change, because a lot of them are isolated, and this is their only interaction with like-minded people. (M 73)*

Several groups use members' 'birthdays with a big 0' for a small celebration at the meeting – a 'surprise lunch' - and an opportunity for members to contribute by bringing a plate of snacks to share: *'There is always more than we can eat'*. A service provider recognised how valuable this social eating is as a activity, both as a way to contribute to the group and as a way to keep busy at home: *'They all do the home cooking for these lunches – and that takes another day of their time – in a **good** way, you know, having that going on as well'* (SP 3).

Christmas lunch or a Christmas party celebrate the end of the year, before the long break when many groups close for the (Australian) summer months. If there is enough room, these once-a-year celebrations can be a chance to include friends, family and other non-members too, as happened at a Neighbourhood House. The manager saw the occasion an opportunity for social inclusion: *'They were telling me: **That one** shouldn't be coming", and I said, look, we're open to **everyone** ... so we had 78 or 80 coming to Christmas lunch – it was just lovely'* (SP 1).

Those who are unable to take part in more demanding activities can still join others for a meal. Eva had given up looking after her garden because *'I can't sort of do it real good because when I get down I got a job to get up'*. She joined the Seniors Group at the local Neighbourhood House after her husband died – *'Just looking for company, like just people I could go out and enjoy myself with, you know'* (F 79). The little group had lunch once a week at the House, or went in the community bus to a nearby pub or café: *'They give us a Seniors meal, it's not so dear'* (F 79).

The Clearview municipal council also recognises the value of social eating to promote social interaction. Their *Eating with Friends* service, run by the council's Volunteer Service, organises transport, lunch and entertainment every six weeks for the frail elderly. Local volunteers help with transport, serving the meal, and informal social interaction. One of the council aldermen commented on the dangers of social isolation, seeing it as a community issue, especially for older people:

*Social isolation is so dreadful for people. And the older you get, the less mobile you get, the harder it is, of course, that's just a fact of life, unless you've got a way to get around. And public transportation is not great, so it's not easy to just walk out your door, get on a bus, go somewhere. (SP12)*

So social eating is a way to get older people involved and out of the house when nothing else will. June reflected on her experience of the attraction of a shared meal to people who might otherwise be reluctant to make the effort to go out:

*If you didn't have community groups, I don't know how some people would cope. Some people have to be encouraged to go, but once they're encouraged ... I know my friends weren't all that keen on going to the Neighbourhood Centre for lunch. But once they got there, and found it was a wonderful atmosphere, they loved it. And now they're prepared to go. They said, 'Oh, we'll come with you **once**.' That was I don't know how many years ago, but we've been to every one since. (F 79)*

Responses from service providers strongly supported the importance and the prevalence of social interactions and social activities in the groups they had observed in Clearview. The manager of a local activities centre, where twenty older people's groups meet regularly, found: *'It's just coming along and mixing with people ... and it's a **purpose**. It's a reason to get up and get dressed. Otherwise they're sitting around in their jarmies [pyjamas] all day'* (SP 14). A hospital worker liaising with hospital auxiliaries had seen that group membership allowed close friendships to develop, and to continue even after the original purpose of the group had gone and the group had closed: *'The Auxiliaries may be disbanded, but they're all still meeting as friends, they would have made lifelong friends'* (SP 2).

Service providers saw participation in a group as especially important in old age, as: *'A lot of them are on their own'* (SP 1). They were aware of the risks that older people ran from staying at home alone: *'If you're in your house day after day, you tend to dwell on things, make up things that aren't there ... your health and wellbeing declines quite quickly'* (SP 1). The value of having things to do outside the home was seen as important for older people's feelings about their health, as another service provider explained: *'... Not just to sit at home and think, Oh, my leg hurts today! And it may hurt even if you're out doing things, but if you're busy you don't **notice** those things as much ... People feel a lot better in themselves when they're engaged'* (SP10).

### **5.3.2 Group size as a factor in social interaction**

There appeared to be a link between the desire for informal social interaction and the number of members in a group. Jean had belonged to large and small groups, and preferred the informality and friendliness of a small group:

*Because we're a small group, people enter in. And speakers say they like coming, because we interact, and ask questions. In a big group you have to say, 'Questions at the end'. Well, by the end you've forgotten what you were going to say, and then you're too embarrassed to say it. And so people say they like coming to us, because we're a small group. ... When someone's not there I'll ring them up and say, 'Hi! You weren't there, you were missed.' You can't do that when it gets bigger. (F 80)*

Most of the groups responding to the questionnaire are small in numbers. As shown in Table 5.2, twenty seven groups (42%) have 20 members or fewer; thirty eight of the groups (59%) have no more than 40.

<b>Number of Members in group</b>	<b>Number of Groups</b>	<b>Percentage of Groups</b>
20 or Fewer	27	42%
21 - 40	11	17%
41 - 60	2	4%
61 - 100	11	17%
Over 100	11	17%
n/a (households)	2	3%
<b>TOTAL</b>	<b>64</b>	<b>100%</b>

**Table 5.2 Numbers of members in the respondent groups**

Exploration of these findings revealed that several of the groups with membership in the hundreds (n=17%) actually work as a number of smaller groups taking part in an activity but meeting as a whole socially for morning tea and other events. For instance, the University of the Third Age U3A in Clearview has around 300 members, and offers up to 30 classes in three one-hour sessions over two mornings, where class numbers range from eight to ten for a language class or play reading, to 40 or more for a lecture. All the members then meet and mingle at morning tea time. A large craft group works in the same way, with up to 20 classes one morning each week. Each class of about 12 members sits around a table with the tutor/leader, but all meet for morning tea.

Groups operating on several days in the week, such as a Bowls Club, have a membership in the hundreds, but members meet and play in small groups or teams one or more times a week. These groupings suggest that participants prefer to be one of a small group at least part of the time while retaining wider social interaction on occasions.

The size of a community group can also depend on practical factors such as the size of the meeting place and the type of activity offered. The same size of room can accommodate 40 people listening to a lecture or half that number painting or doing craft work that involves using tables and equipment. An organisation offering popular activities in Clearview can find it hard to accommodate all the people who want to take part; the local Community Arts Centre, which is housed in a small historic cottage, found its *‘Growth constrained by space.’*

The strong emphasis on social interaction and social activities in the groups, particularly the importance of social eating, and the small numbers of members in most of the groups responding to the questionnaire, suggest that older people put great value on opportunities for informal contact with similar others. From the finding that all the interview participants gave ‘social’ reasons for joining a group and from their descriptions of their present lifestyle, it is clear that

they felt the need to replace social opportunities that had diminished or changed in character in their transition to a new lifestage.

#### **5.4 *'I'd rather wear out than rust out'*: Meaningful activity as a reason for joining a group**

Questions about their lives revealed that all the group participants interviewed had led active lives - holding a job, bringing up a family, taking on community responsibilities. Living now in the changed circumstances of their new lifestage, their third age, they wanted to continue to be active and involved. All the men gave the activities that a particular group offered as a reason to join. For instance, Gerry had always played sport, and on moving to a new suburb he had called in at the local bowls club: *'Well, I hadn't regarded bowls as a competitive sport until I actually went down there and saw them in action - and it appealed'* (M 65). Chris had joined Probus *'Looking for recreational things to do to keep the mind busy'* (M 92).

Seventeen women (70%) also chose to join a particular group for its activity: Anne had *'always wanted to learn painting'* (F 79). Clare joined School for Seniors for: *'education – because every guest speaker was so different'* (F 65). Judith explained: *'I enjoy getting into things. What else would I do? I'd be bored stiff. My husband's dead, and the kids are married and off'* (F 84).

With the lessening of other commitments, some participants saw this stage of their lives as a chance to put themselves and their own needs and interests first. For some it was the first period in their lives that they had spare time; Jean explained her involvement in a number of groups: *'When the children were off my hands I wanted to **do** something ... I'm a doer, not a sitter'* (F 80). Kathy valued the personal space and time that participation in the craft group gave her: *'That day is **my** day ... nobody should intrude on my Thursday ... that's important, to have space'* (F 74). Others found there was now time to fulfil their wish to help other people, as a volunteer or through informal assistance to friends and neighbours. Marilyn, one of the Cancer Auxiliary members, claimed: *'I've always been a person that liked to do things for other people, and now that I've got the time to do it, I feel good that I can, you know'* (F 73).

Several participants expressed an underlying reason for joining a group and taking part in mental and physical activities – as an answer to concerns about their health, quoting the slogan *'Use it or lose it'*. Seventy eight year old Bob saw his involvement in group activities as: *'Well, if you're not active, something's got to die, hasn't it?'* Trish found mental stimulus listening to the speakers at School for Seniors: *'It's opened my eyes to the rest of the world'* (F 83). Jane's poor physical health was a reason to take up Gentle Squash, the less strenuous form of the game she had previously enjoyed:

*'I was in a pretty bad way for a couple of years ... then I thought, I'd love to go back and have a hit. ... I'm getting older and I look at other people starting to forget things... at my age I've got to keep going'* (F 65).

So it emerged that participants' choice of 'activity' as a reason to join a group reflected their desire to continue to lead an active life in their third age, albeit in different forms from their previous involvement in paid work and family responsibilities.

#### ***5.4.1 Opportunities in the groups for changes in activities***

The findings show that the peer-run groups design their activities to cater for their participants' need and wish to remain active in the changed circumstances of the third age. The members who help organise the groups are aware of the importance of catering for different individual levels of physical capacity; the president of the Auxiliary had cut down members' time working on a fund-raising sausage sizzle because: *'That's too much now, standing on their feet for the two hours'* (F 74).

Adapting a physical activity allows older people to continue a previous interest in a different format. Bill, the founder and organiser of the Gentle Squash group, explained why he started it: *'With Gentle Squash, all you have to do is move around'* (M 77). At the time of being interviewed he was making a further adaptation – building a ramp for the squash centre door so that wheelchair users could come in and play.

Other groups had been formed so that people could continue to be associated with a previous interest. Bess had been a Guide leader for 30 years, and: *'You can still be in the movement by belonging to the Trefoil Club, which meets monthly. I'm not the oldest, we've got one at 89'* (F 86). Janice could no longer play tennis, but: *'Once a month we've got our 'oldies' tennis players. The ones that **can**, have afternoon tea at their place. Some of them are over ninety. And to think we're all still going!'* (F 80).

A person who seeks out a group with an activity that appeals to them will meet others who share that interest, so they have at least the activity in common. Anne said cautiously: *'There's one or two you would not choose to spend time with. But – they're always interesting. They're doing interesting things anyway, so there's that to get close to them with'* (F 79). Shared interests within the group can lead to further friendships and activities. Marilyn had found another group member who shared her enjoyment of going to watch the cricket. Widower Harry had started going to the cinema again with new friends from the group: *'I like to have someone to talk about it afterwards'* (M 80).

Analysis of the activities offered by the 64 respondent groups in Clearview revealed that there is a very wide range of local specialist groups that have arisen from the need to satisfy the different interests and capacities of older residents. The type and range of activities offered, and the reasons for the formation and continuance of community groups in the area, are explored in detail in the next chapter. It is clear that third agers in Clearview have many opportunities to choose, continue and cope with an activity they enjoy.

## 5.5 *'They rely on each other': Reciprocal support as a factor in group participation*

The changes noted earlier in family relationships were found to affect participants' responsibilities too: the previous roles of family provider and carer had changed or no longer existed, and it was shown that many had experienced a range of personal losses and changes in their family and friends.

Participants generally took a positive attitude in describing their lives, but a number of underlying stresses and problems slipped through in remarks such as: *'I'm not as organised as I should be'*. Concerns about their own health or the health of a family member gave rise to long accounts of illnesses: Noreen's husband had recently entered a nursing home for respite, but: *'He had a heart attack, and now the doctor says he won't be coming home'* (F 85). Joe described how he had spent months away from home to be near his dying brother. The consequences of loss and change could create other stresses; Sally was facing the need to find somewhere else to live after her husband died, and her own health limited her activities: *'I've had the house up for sale because it's a **big** garden'* (F 77).

To give and receive support was one of the reasons given for joining a group (Table 5.1), and participants described many instances of instrumental and emotional support they had given or received as a result of their involvement in the groups.

The support available within the groups was given as both a reason to join and a source of wellbeing. The knowledge that support was available when needed appeared to build feelings of trust and mutual reliance, where participants were happy to give help, while feeling they could call on others when needed. Liz accepted a lift from a friend to drive to the Historical Society after dark, but drove other friends to meetings during the day. When Noreen's husband was ill, Kathy took over the running of the craft group.

There was general recognition that membership of a self-run group entails a willingness to contribute as well as to receive. Jill was exasperated that the Probus group was facing possible closure because many members were not prepared to take responsibility for running the group: *'And the people who've been on the committee have been there for **ever!**'* (F 73). In the other participant groups there was an observable culture of collective and reciprocal responsibility for the continued viability of the group.

It emerged that in addition to the formal task of running the group there were many opportunities for helping, including organising the program of activities, booking the meeting room and excursions and collecting the money. At the meetings, members helped to put out the chairs, make the tea or wash the cups. Harry had taken on the job of putting out the chairs for the School for Seniors meeting:

*I get landed with it... It's helping. And I think I'm probably fitter than some of them. There are some elderly people ... one ninety-seven-year dear old lady, she started lifting chairs. So I've got to be around to tell 'em off, you know. (M 80)*

Some groups run a trade table of goods donated by the members – home-grown flowers, fruit and vegetables, home-made jams and pickles, knitting patterns and magazines – to raise money for the group or for a charity. The social eating at meetings is an opportunity to ‘bring a plate’ of finger food to share with the group.

Some of the informal helpers saw their contribution as a way of remaining involved with the group. Joe was no longer on the Bowls Club committee but went every day except Sunday to: *‘Clean up the area behind the bar and do the money... I enjoy that – it's an interest’* (M 75). Others felt useful because they could contribute specialised knowledge; Bess was born, raised and still lived in the same area, and could help the local Historical Society with queries about past events and people: *‘They seem to refer questions to me’* (F 86).

Helping within the group – carrying out the tasks that help the group run smoothly – was found to be important to members’ feelings of ‘belonging’. Jean admitted that she did not really need the Auxiliary because she was already volunteering in other ways, but: *‘There are people who do need it, and it's lovely to see all the women getting together and thinking of ideas to raise funds’* (F 80).

Participation in a peer group was also found to be an important source of emotional support. Doreen had been having: *‘A bit of a down period, I wasn't feeling terribly well’*. Her sister persuaded her to join School for Seniors, and: *‘I've enjoyed it... they're nice people, and we have bus trips and things’* (F 81). The company of similar others appeared to offer a refuge, a comfort zone in times of trouble and loss. Sally had found that belonging to the group had helped with her grief after the death of her husband: *‘I think it helps you cope... being with other people ... it stops you being maudlin, and – depressed, I suppose. Helps with that’* (F 77). During her interview Kathy was visibly upset talking about her son's long illness, but she had found that by going to the group: *‘You get right away from other worries ... you can go there and that worry that you've got is nothing to do with them, so it's blocked out’* (F 74). Kathy had missed some craft classes at the time of her son's death, but when the group organiser went away: *‘It sort of forced me to go back. And it was probably a good thing... it did help’*.

The perception of a support system underlying the daily operations of the groups, to be drawn on when needed, emerged as part of the group culture. Jean summed up the value of the group to her: *‘You've got to feel that you're part of a community... belonging – it's like being part of a family. Everybody needs to feel that they're **part** of something, especially when you get older’* (F 80).

Social support often went beyond helping the group to a wide reciprocal support among all the individuals involved, as several service providers had observed. One of the assistant ministers at



a local church remarked on the support that groups attached to the church and the individuals within them offered each other:

*The fellowship they get from these groups within the church is remarkable. They support each other as they're getting older. If someone is ill, someone will tell someone else, so there's a mechanism there to support each other, physically and mentally. (SP 17)*

A hospital liaison officer had similarly observed the strong support within the hospital Auxiliary groups:

*I heard them talking about a lady that wasn't there, she hadn't been well, so they were coordinating who's going to take lunch, who's going to pop in today to see her ... I think the fundraising is second to why they're there. (SP 3)*

The manager of the Neighbourhood House described the social bond within the Seniors group, where regular meetings several times a week had a positive effect on the members of the group: *'If one of them is sick, the other one will ring ... The reason they've got wellbeing here is because they've got that connection, that interaction'* (SP 1). She had found that in the isolated suburb where the Seniors Group members live, the group is also a source of instrumental support:

*They say, "Oh I haven't been able to get my [fire]wood stacked". And the other – "Oh, my son will come up and do that" ... And being part of a group, they tend to work together, and they get each other's families to come and help them. (SP 1)*

### **5.5.1 Gender differences in support within the groups**

The desire to give and receive support as a reason for joining the group (Table 5.1) was found to be the motivation for joining a group that showed the greatest gender difference. Twenty one (87%) of the women interviewed gave it as one of their reasons; by contrast, only 27% (3 of 11) men were found to give 'support' or 'help' as a reason for joining.

The women's groups laid great emphasis on reciprocal emotional support. The all-women craft group sent cards and flowers to members in hospital; birthdays were celebrated with cards and cake. The president of the all-women Cancer Auxiliary was proud that a visiting service provider was impressed by the level of support at the meetings: *'After the meeting she came to me, she said, "I've never seen anything like it, the way you all support one another. And I'm going back to the office to talk about you"'* (F 73).

The men were much more reluctant to give 'support' as a reason to join. They tended to talk pragmatically about: *'It seemed to be the thing to do'*. Jill, one of the few women who had joined the previously all-male Probus group in order to help an ailing husband to remain a member, had joined the committee. She was exasperated with the men's attitude: *'The biggest problem is that they didn't encourage the members to stay around to be involved enough. I used to say these*

*sorts of things* [at committee meetings] *and they'd shoot me down every time'* (F 73). But a male Probus member commented on the form of support that he had observed among the older men in the Probus group, which took the form of chatting and mutual remembering:

*They have fellowship, a friendship thing, over a cup of tea and a biscuit. And they only meet monthly, so it's a month's gone by and they can talk about things, or reminisce in the past or whatever. And, yeah, I just think they find it helps with their daily living.* (M 78)

The small men's group at School for Seniors – 10 men to 70 women – were observed to use humour as a bonding strategy, also noted in other Australian research (Alpass, Neville & Flett, 2001). Harry commented in the interview: *'The bad boys, they call us. If anyone [speaker] is getting on our nerves, it's: Go home! Shut up! Tell him to stop! (laughter) And so, anyone who doesn't turn us on, we still get a bit of a laugh amongst ourselves'* (M 80).

Instrumental and emotional support was found to be an important characteristic, regardless of gender, of groups where all or most of the members were 'older people' who were likely to be socially and physically vulnerable. However, it emerged that in a peer-run group there was a culture of independence and reciprocal responsibility which expected participants to give - to others and to the group - as well as to receive.

Interview participants were found to make a clear distinction between the reciprocal kind of support they expected to find in the group and any assistance they received at home from government and other official sources.

Thirteen participants (37%) received regular official help in the house and garden. Six (9%) had a HACC package - subsidised assistance with weekly or fortnightly house cleaning through the government-funded Home and Community Care service. One participant – Mary the 89 year old member of the Seniors Group - was receiving Meals on Wheels (subsidised meals delivered by volunteers every weekday). Four (6%) had had temporary HACC assistance after an illness or operation. Ken had had a handrail installed on his front steps at a subsidised price from an official care service. It appeared that participants accepted these services as a necessary part of growing older and did not feel it put them under an obligation to reciprocate. But within the peer groups, particularly in the small groups, there was a strong culture and expectation of sharing and reciprocal support.

## **5.6 'We all want to feel that we are still useful': The need to find new meaning and purpose**

The findings revealed that participants were content with their lives on the whole. Most appeared to be coping successfully with their third age and the comparative freedom it brought them. But comments from participants and service providers hinted at problems coping with the consequences of lifestyle changes, for instance in the changes in opportunities for achieving

feelings of meaning and purpose when paid work and primary family responsibilities were no longer part of daily life. Joe told a long story about a mate of his:

*He was lonely, and he sort of suggested that there wasn't much in life for him, and he would have been 65, 70 at the time... And that's typical of a lot of men. If they got in the right company their lifestyle would improve - perhaps they need a mate to tell them.*  
(M 75)

A health worker also reflected on the effects of lifestyle change: *'There's the obvious physical stuff. And mental health as well. So it's a matter ... everyone wants to live a good life, to have a certain quality of life, and they don't want to lose it because they get old'*. He went on to list the problems he had observed for people making the transition into older age: lower income; loss of social contacts and of family support; the need for extra support at home: *'These are really big questions'* (SP 4).

These experiences of participants suggest that belonging to a peer community group offered older people opportunities to engage in activities which gave continued meaning and purpose to their lives. The two main outlets identified were helping others through volunteering, and continued self-development through learning.

### **5.6.1 Opportunities for volunteering in the groups**

In addition to the different ways to help within the group, it was found that participation in a group could provide opportunities to help others in the community. Marilyn explained why she had joined the Cancer Auxiliary:

*You've got to have some sort of purpose, once you've finished your working life... That's why I do it, because I like the idea of helping people. And because I think – well, one of these days I might be in that position myself.* (F 73)

Responses to the questionnaire revealed that 14 of the 64 groups (22%) have helping others or the community as their main purpose: raising money for welfare organisations like Red Cross, or delivering meals to the housebound through Meals on Wheels. The Soup 'n Sandwich group make and serve the food in their monthly lunches for disadvantaged people in the community. Members of the six Landcare and Coastcare groups in the area volunteer their time and energy to care for their local environment.

Other respondent groups reported that helping others was included as part of their activities: a men's choir visited aged care homes; a craft group made and donated quilts and teddy bears to children's wards and quilts to palliative care wards. Special events that many groups take part in were also mentioned: the once-a-year Biggest Morning Tea (a national campaign to raise money for cancer research), and the ABC Giving Tree at Christmas (collecting gifts to be distributed by local charities).

For some group members, volunteering in the group or outside was an opportunity to continue to make use of one's knowledge and skills. Brenda enjoyed passing on craft skills she had learned in her youth: *'We were ten in the family and we always kept busy doing something, mending something. So I was always self-taught'* (F 73). At different times, she had taught embroidery, candle-wicking, quilt-making and card making in the craft group.

Several service providers commented on the benefits of volunteering within the group they had observed. Two aldermen (elected members of the local government council) had observed that a commitment to being actively involved in the running of a group, rather than simply attending, had a positive effect on older people's feelings of self-worth. Both aldermen had worked with the volunteers serving on the management committees of the local activity centres, who are all representatives from groups meeting at the centres:

*I can see how that [serving on the committee] keeps their mental perspective and their social perspective, it really keeps them on the ball. And that passion is continued, and you can see them actually developing when they come onto the committee, and their self-confidence increases in being on the committee, particularly when they take on those executive roles. And I think that aspect of being involved and active from a mental perspective, as well as a physical perspective and a social perspective, is really important.* (SP 15)

The alderman went on to illustrate the difference she felt that active participation could make. She was discussing the activities at one centre: *'Bingo – not my idea of fun, but it certainly has its following... they get some money and some socialisation.'* But the committee members' contribution was much more outgoing: *'They actually put on a lunch for them – so it's that **giving back**, that's wonderful'* (SP 15).

Other service providers also saw a link between older people having the freedom to choose meaningful activities through their involvement in a group and their feelings of personal wellbeing. The Council official responsible for the local municipal Health and Wellbeing Plan (a framework for promoting health and wellbeing throughout council strategic plans) recognised that it was important to older people's self-esteem to continue to play a role in the community: *'If they are able to participate in contributing to society in some way, feel useful, then their life has some meaning or some purpose'* (SP 13).

The manager of a local organisation promoting volunteering spoke of her knowledge of the research on the mental health benefits of helping the community through volunteering, explaining that:

*Getting out of the house, having that sense of purpose, feeling that sense of belonging, connectedness – that has a really significant impact. ... also the physical benefits of just being active. ... That wanting to make a difference – it doesn't matter how old you are,*

*we all want that sense of **agency**, that you've made a difference, that the time you've spent is worthwhile. We often talk about – volunteers change the world.* (SP10)

It emerged in the course of participants' descriptions of their daily lives that there were many other occasions when they were busy helping others, in acts of *generativity* - caring and maintaining for younger generations, or to preserve culture and environment to hand on to those to come. Some helped to care for their grandchildren and even their great-grandchildren. In another intergenerational relationship, Bob and a group of men from his church were mentoring boys at the local primary school – *'some are a bit highly-strung'* –helping them to mend bikes which were then donated at a little ceremony to the Salvation Army for distribution at Christmas time: *'The boys get a lot of satisfaction to be involved and then see it all happen at the end'* (M 78). Bess and her husband, members of one of the local history societies, visited schools to talk about the history of their area: *'Talked to the children about it, and they were really interested'* (F 86). Dolly described how she worked with several community groups in her isolated seaside village: the Garden Club improving a local park, a church group supporting overseas charities, another group working with a local historian to compile and signpost the history of the locality. She was also making jam and growing plants for the group running a market at the local community hall, to raise money for its maintenance and for other local community projects: *'It's nice to think there is something in your district you're helping to look after, for the people coming on after you'* (F 83).

However, it appeared that Dolly and others like her did not regard these activities in the community as 'volunteering'. The professional in the organisation promoting volunteering recognised this: *'I would say that some peer-directed, peer-run volunteer groups would not think of themselves as volunteers but "that's what we do"'* (SP 10).

These findings show that participation in a group offered a range of opportunities to help others, both within the group and also by joining a group that had helping others or the environment as its main purpose. In both cases, those volunteering their services were found to experience feelings of self-worth and usefulness.

### **5.6.2 Opportunities for self-development in the groups**

The study also found that participation in a peer group could have a positive personal effect on the members as it opened opportunities for self-development and learning in their new lifestage. The mental, physical and social activities available in the many different groups were found to be a stimulus to join in, to continue previous interests and activities and to develop new skills and interests in the company of similar others. Anne felt: *'I think it makes **me** more interesting if I've got all these interests'* (F 79). Gerry was enjoying playing bowls: *'There's a challenge to continue to improve, because every now and then you do the perfect shot'* (M 65). Some participants found that having new opportunities to learn gave them a more positive view of their

future. Anne was excited because: *'I'm going to do embroidery next term. They're going to teach me, because I've never done it!'* (F 79).

Participation in the groups was found to offer many different opportunities to continue to grow and develop in older age. Bob had discovered that by taking on management roles in the group he had learned to overcome his natural shyness: *'It's helped me a lot ... it's character building and personal development'* (M 78). Eileen joined the craft group and felt: *'Oh, I can do all sorts of things!'*, and in doing so she appreciated the example of other learners in the group: *'It gives you drive, you've got to drive yourself... you're thinking all the time, your mind is alert'* (F 74). Members of the 'talk' groups – School for Seniors, Probus and the Historical Society – commented on the broadening of their views of the world around them when they listened to speakers on a variety of topics. Rob liked listening to the speakers at Probus: *'You get to know the whole broad spectrum of what's going on or has gone on in the community, because they're coming from various walks of life... it's educational'* (M 80).

The example of others in the group, especially the leaders and the long-time group members, appeared to encourage participants to adopt new ideas and try new skills. Learning within the peer group was through sharing and mutual help, with a consequent growth in confidence and self-esteem, as Carl knew from his experience as a leader of activities in the Seniors group: *'I know they can always do more than they think they can, or what people tell you they can or can't do'* (M 65).

### **5.6.3 Learning in the peer group**

It emerged that the learning in the peer group was wider than the acquisition of knowledge and skills in a particular sport, hobby or interest. Through observation and in talking to others in their age cohort, it was possible for the participants to learn and practise techniques for successful adaptation to a different life-stage while still being in the familiar environment of the peer group.

Several groups built opportunities to share and learn from others' experiences into their regular activities. Bess described how this worked in her Trefoil group, where previous volunteers in the Guide movement continue to meet: *'We start the meeting by going round and saying: what's happened to you since the last meeting? ... We go round – and it's **amazing** what people do or are going to do'* (F86).

The peer group was also an opportunity to see oneself in context and make comparisons with others. Kathy admitted that a personal satisfaction was: *'If you go there and look around other people, and you think – Oh, I'm doing well for my age. And you sort of perk up'* (F 74). Role models could be found within the group, very often the organiser: *'She's a lovely person, and I think her aim in life is to help other people'* (M 80).

The peer group also emerged as a source for the diffusion of innovation. New ideas and new practices introduced by the more influential group members, such as the member-organisers, were found to spread through the group. For instance, the presidents of two 'talk' groups were found to have introduced a practice to empower their members by encouraging them to speak to the group about their own life experiences and other topics, rather than passively listening to guest speakers. This had proved to be a stimulating and rewarding experience for the speakers and popular with the other members. The president of the Cancer Auxiliary was gradually but purposefully changing the format of the meetings to encourage and empower the more diffident women to speak up in discussions:

*I think that being in this village situation they're a little hesitant to speak up in case they upset somebody. And I've talked to them and I said, I want you to give your opinion, and your opinion will be respected. Don't worry if someone doesn't agree with you. A lot of men and women died so that you can give your opinion. (F 74)*

#### **5.6.4 Role and identity in the group**

Another benefit of group participation to an individual's feelings of meaning and purpose was found to be the reinforcement of personal identity and the growth of a supportive group identity. For the duration of the meeting at least, participants could feel differently about themselves; for Kathy it was a chance to get away from family worries and be an active member of the group. Other participants found that belonging to different groups gave them different identities. Anne was a serious learner in one art class, but at the craft group: *'It's social. There's the learning of course, and the sharing of experiences in everybody's life. It's a social club, it really is'* (F 79).

For the most active group members there was a recognised and respected role in the group from which everyone benefited. From her long experience teaching craft skills to the group, Brenda had found:

*It's the atmosphere, it's the friendship, and the pleasure of seeing other people, when they finish a project and can take it home. When they start they say, Oh, I'll never do that, I can't do that. But when they finish it, they're delighted. And that's very pleasurable to me. (F 73)*

The manager of the peak body for older people had observed a similar effect: *'The power of being able to give is, I think, a wonderful thing for self-worth. So I think it's definitely good for wellbeing'* (SP 5).

From the many reflections and descriptions of their experiences in the group, it was clear that participants were happy to feel they belonged to the group and shared its social identity. In answer to the question: *What do you think the group does well?* members generally spoke of the many different activities, the friendly atmosphere and so on – the reasons that they had given for joining. Bess spoke at length about her enjoyment at being part of the community activities of

the Historical Society. She had taken on the task of keeping a record of recent history in the area: *'I'm a terrible gatherer of cuttings – I've got lots and lots and I've got them in books and folders'* (F 86). The three interviewees from the Bowls Club, all of them past or present organisers, took a pride in the club and saw its value as a social centre for the neighbourhood. As Joe reflected: *'It's a meeting place, and I think all communities – without a meeting place they're very sad places... Every town has got to have an interest, and we're very, very lucky that we have our Bowls Club'* (M 75).

The findings outlined show that participants were motivated to join a group by their wish to continue, restore or replace life satisfactions they had previously experienced. The findings also suggest that the satisfactions of belonging to a group are in some ways different from the feelings derived from interactions with family and friends. Some activities – team sport, discussion groups – can only be done in a group. Other activities are best shared with others – fun, social eating, learning from others, working for a common cause. The varying opportunities and activities offered by local groups run by and for their own generation, with a culture with which they could identify, appeared to give reassurance and a sense of identity to many participants.

### **5.7 *'It's a dear little hall, and it suits our small group'*: Practical reasons for choosing to join a group**

Because the groups are voluntary organisations they are dependent for survival on their members' continuing involvement and the recruitment of new members, so they shape the opportunities they offer in order to appeal to their current and prospective members. These opportunities are the practical expression of members' reasons for joining and remaining in the group: the type of activities, the emphasis on social interaction and support and the wish for meaning and purpose in life.

The final reason to join cited by members in Clearview (Table 5.1) to be discussed is convenience, and the strategies the groups use to make access and participation easy and appealing, because their members are already 'older' and will increasingly feel the effects of ageing on their capacity to cope with demands. The strategies include the times and places of meetings, the cost to participants, and making use of assistance from outside sources in areas where the groups could not provide for themselves.

The Clearview groups held their meetings on a fixed day and time, in a regular weekly, fortnightly or monthly pattern. Members could plan their week around their outings: Andrew knew he would be playing bowls on Wednesdays and Saturdays, and Eva knew that: *'Every Friday they have a little group there'* at the Neighbourhood House. Many groups hand out a news sheet to their members with details and times of programs and social activities. The local activity centres put out a newsletter listing the day and time of meeting for the older people's groups meeting there.



Carl, a member/organiser of the Seniors Group at the Neighbourhood House who had had previous experience in Aged Care, recognised the importance of a regular pattern that group participation could provide in older people's lives:

*You have to have continuity. And stabilisation. Any programs can't be ad hoc – you can't say, Oh we'll do it this week and in three weeks' time we'll do that. Because people look forward to it. And if you break that continuity you'll find they don't turn up. So it's got to be stable, continuous, enjoyable, with a bit of variation to keep them motivated and coming. (M 65)*

The continuity of the groups was also a reassurance in times of trouble. Anne had been a member of the craft group but moved interstate: *'I came back in unhappy circumstances, but I picked up where I left off with the group... it was as though I had never been away'* (F 79). Once a person had established a routine of participation, it would be built into their pattern of regular activities, often over many years. Liz had belonged to the local Historic Society: *'I think it must have been forty years'* (F 85).

Fifty four (84%) of the groups responding to the questionnaire meet in daytime during the week. This is a time when older people are free (while those in paid work are not), when they do not have to walk or drive in the dark, and when venues are generally available. The groups meeting in the evening were found to be those with a mixed-age membership including younger (second age) people. Outdoor groups like Landcare and the walking groups all meet during the day.

It was found that a convenient and local meeting place that everyone could share was vital for the continuing existence of a group. Community meeting places were valued for being 'neutral' ground as well as for their locality, size, and amenities. Judith had hosted her craft group in her big sewing room for some weeks in order to keep the group going while the community hall was being repainted, but that was enough for her: *'They said, it's friendly and comfortable here, perhaps we can have it here all the time. Well, the answer to that is, NO. I mean, I enjoy it, but I don't want to be tied every week'* (F 84).

The Hospital Auxiliary had started by meeting in private houses, but found the local hall more convenient as numbers grew and personnel changed. The Auxiliary president described the hall as: *'Adequate for our needs, in that we're only there for two hours'* in spite of the possums nesting in the roof. But most importantly: *'It's central for most people. I mean, we're all older ladies, and most can walk to the hall. Some of them don't drive'* (F 74). The group supplied its own hot water urn for making tea and coffee, and everyone brought something to share for lunch.

For those with restricted mobility, a local meeting place was very important. Liz at 85 still had her driver's licence, but was happy to accept a lift from her neighbour to a meeting nearby: *'It's easier, and less cars, if I go with her'*. Janice's mobility outdoors was confined to her motorised wheelchair, but she could still belong to the School for Seniors meeting in the next street: *'It's good for me because it's so close'* (F 80). The School for Seniors president praised their meeting

place in Clearview for having the amenities older people need: parking on site, level access, adequate toilets, and facilities for making and sharing morning tea.

Having a local place to meet was especially important in the more isolated outer suburbs of Clearview. A seaside suburb, with a 25 minute drive or a once-a-day bus service to the city, made great use of its local community hall. Dolly listed some of those using the hall: special local events such as performances put on by the local primary school, and private events - birthday parties and wedding receptions. These were in addition to the scheduled regular activities such as the ladies craft group, dancing, and Tai Chi.

A local meeting place was important for a different reason in another isolated community, originally a Housing Commission Greenfield site and the subject of social stigma: *'You had to be very brave to admit where you lived'*. Eva had helped to establish the local Neighbourhood Centre because: *'They need somewhere where they're going to be accepted ... it has proved a lifeline for a lot of women'* (F 79). The Neighbourhood Centre is now the hub for many local activities: a meeting place for many different local groups of all ages, a men's shed and a community garden.

The cost of participation in a community group could be an inducement or a barrier, as many were pensioners or on a limited income. When asked directly, none of the group members admitted that cost could be a deterrent to belonging, but the issue emerged when they discussed the activities, particularly the rising cost of going on a group excursion. Chris remembered: *'You used to pay fifteen dollars for a day out, but now in a lot of cases it's \$40 or \$50'* (M 92).

Most of the groups responding to the questionnaire charged very little to belong; the cost per session ranged from 50 cents to four dollars. Half the respondent groups (32) used a system whereby members only paid when they attended; this recognised that many older people may not come every time, or may even drop out altogether. The organiser of a gentle exercise group explained: *'Participation varies due to age-related health issues, weather and travel'*. Volunteers in groups such as Landcare and Coastcare and the volunteers helping with Meals on Wheels and Eating with Friends paid nothing to belong.

The other 32 groups (50%) charged an annual subscription, with the majority of the groups (78%) charging less than thirty dollars a year. Bob commented on the \$20 annual subscription to Probus:

*That won't break the bank. And five dollars a meeting, that's to cover the rent of the hall and the morning tea. And if you go on an excursion we try to keep it down – I suppose the bus trip – six dollars a head. And if you go to have lunch, well, you go to a hotel counter meal, or a café [rather than a more expensive restaurant].* (M 78)

The most expensive groups, with annual subscriptions over \$100 and session fees, were the Croquet Club and the Bowls Club. Groups owning their own premises – RSL, Croquet and

Bowls – could still have financial worries in spite of relatively high subscriptions. A Bowls Club’s comment: *‘Membership levels are steady. But recurrent costs continue to rise, creating pressure on subscriptions and other funding activities.’*

Some groups used strategies to spread the cost of the more expensive activities such as excursions and the Christmas lunch. The president of the School for Seniors group explained the scheme she had introduced: by paying two dollars instead of one for morning tea each week, the group was able to subsidise the Christmas lunch: *‘A catered meal plus wine’* and the cost of going on bus trips: *‘And that’s nearly four hundred dollars to hire the coach’* (F 65).

The study found that there were two main reasons why the groups were generally affordable. One was that they were run by their members who gave their services for free. The peer-run School for Seniors charged less than half the membership fee that Adult Education (part of the State Education Department) charged members of the other two Schools for Seniors for ‘secretarial and advertising’. The Community Arts Centre run by volunteers had had a 40% increase in enrolments in courses in the previous few years: *‘Partly due to the increase in Adult Ed costs’* (up to \$200 for a 10 week course). Kathy, a longtime participant in the peer-run craft group, explained: *‘I never went back to Adult Ed, I stayed with this group which is much cheaper’* (F 76).

The other reason for the generally low cost of participation was found to be the number of outside organisations that provide assistance in areas where the groups could not provide for themselves, such as non-commercial rates for hiring a room. Findings on the relationship between the groups and other organisations in the community is examined in detail in the next chapter.

Beyond the reasons they gave for deciding to join a group, interview participants reflected further on their motivations and the role that participation played in their lives.

### **5.8 *‘It’s being involved with a community, involved with people.’* Participants’ understanding of their needs and satisfactions**

The findings on participants’ expressed reasons for joining a group have shown that their decision was influenced by their perception that they were experiencing changes in their lives, changes which quite often altered, diminished or made irrelevant their previous sources of satisfaction. The various reasons the interviewees gave for deciding to join a group appeared to reflect their need to restore or replace these satisfactions.

The interviews had explored their reflections of their lived experience in the new lifestage, not simply their experiences in the different groups to which they belonged, but more broadly in their daily lives – their health, their families and friends, as well as their opinions on the groups.

The interviews then sought to crystallise these experiences by introducing for the first time the concept of 'wellbeing' and linking it to their experiences as group participants with the question:

*Has being a member of community organisation(s) had any influence on the way you feel about your health and wellbeing? In what ways?*

In answering this question, participants appeared to interpret 'health and wellbeing', and particularly 'wellbeing', in terms of their satisfaction with belonging to the group. All but two of the thirty-five (94%) agreed that their participation had influenced them in a positive way - 'Yes, definitely'; 'Oh, yes'; 'Absolutely', followed by one or more reasons why they thought so.

Analysis of the responses to the 'health and wellbeing' question reveals a link with participants' previously expressed satisfactions. Some reiterated the reasons they had given earlier for joining the group. For instance, Andrew the 90-year old widower and the longest serving member of the Bowls Club, had given as his reasons for joining:

*Oh, it's friendship. Someone to talk to. And as you get older, a way to fill the day. You know, you get to the age you can't do much out in the garden, those sort of things. And this way you get out, and you got other people, in the older age group mainly, to talk to. (M 90)*

In answer to the question on the possible influence of participation on his feelings of wellbeing, Andrew reflected further:

*Well, I think it's something you just look forward to. You've got different people to talk to, with different interests, and – uh – I just enjoy it. I think it does you good. Maybe I'm a bit of a loner but I do like company. (M 90)*

For others, it was clear that further reasons had come to mind during the interview as they described their involvement with the group and their lives in general. Anne described herself as: 'A busy person, I had always worked'. Anne and a friend had joined the painting group, one of the activities offered at the craft group, and found a new interest which she described in answering the question: *Has it given you what you were looking for?*

*Never drawn, or painted, or anything like that before. Interested in it but never done anything. And after about six weeks, she looked at me and I looked at her, and we said: This is what's been missing all our lives. (F 79)*

During the interview, it became clear that Anne had also experienced another satisfaction in the group – the comfort and support of other members at the time of her divorce:

*When my husband left, people came to see that I was, you know, ok. ...it was a wonderful, wonderful group to have ... So I have that network. If something goes wrong, I have friends who would be here at the drop of a hat. (F 79)*

Audrey was another who recalled further satisfactions she had found in the group. Audrey volunteered in a charity shop one day a week; she had been an active helper in her church in her previous home but the nearest church was now some distance away and she had given up driving. Asked at the start of the interview why she joined the Cancer Auxiliary, she replied:

*I thought I would really like to be involved with something that, you know, helped somebody else... I didn't really know what was involved, but I thought it doesn't really matter if I can help someone, I'd love to do that. (F 78)*

Her response to the question on the influence of participation on her feelings of wellbeing revealed further satisfactions:

*I think it gives you a tremendous satisfaction to be with other people. Because if I'm sitting here on my own I think – oh, what's on today? Having contact with the outside world, it's a different world from what you normally circulate in. (F 78)*

It appears that participants interpreted the phrase 'health and wellbeing' in terms of the many different satisfactions they had found in participating that reflected the reasons they had given for deciding to join a group.

### **5.9 'I go along there and I'm just happy': Participants' understanding of 'wellbeing'**

Although participants were able to put their own interpretation on the word 'wellbeing' in the phrase 'health and wellbeing', it was not a word they used themselves. Only one played back the word 'wellbeing' in his response; he was also one of the two who did not give an affirmative response to the question. Ken, formerly a senior executive in a State Government department, replied, after a pause:

*I don't think so. Why do you say that? I've never thought about it in relation to my health and wellbeing. Uh, I suppose because, you know, you look forward to the meetings, and particularly if we get a really good speaker. I suppose that makes me feel **good**. But I've never thought about that too much in relation to my own health or wellbeing. (M 80)*

In spite of his doubts about the actual phrase, it appears that Ken could describe the personal satisfactions that he and others found in belonging: anticipation, enjoyment and stimulus.

The other participant who did not connect participation to her wellbeing: 'No, I don't think so' – was also a member of the Probus club. Jill had joined, not for her own sake, but in order to accompany her ailing husband, a long-time Probus member who had wanted to leave the group on account of his failing mental and physical capacities:

*I said, No, no, you want to stay and be in as many things as you can. If I come along with you, will you stay? So that's how I came to join a Men's Probus, and for the first few*

*meetings I was the only woman there. And I hated it. ... There were some who very strongly felt that they didn't want women there. (F 73)*

Jill had persevered with membership, subordinating her own personal needs to her husband's needs, but she was not altogether happy. The reason for this became clear when she ended the interview with the thought that she might one day rejoin CWA (Country Women's Association), a group she had enjoyed when living elsewhere: *'I might just do it for myself, meet some new ladies, learn some new crafts'* (F 73). It appeared that for the time being her desire to join a group for her own personal wellbeing had been put on hold.

Although the word 'wellbeing' was not part of their vocabulary, participants evidently understood the concept. When describing how they felt about participation in the group participants used a variety of words and phrases which could be seen as attributes or contributors to wellbeing although they may not have been framed as such. The synonymous or parallel phrases used by participants to describe the particular motivations and the satisfactions they experienced are now discussed.

#### **5.9.1 Participants' descriptions of their feelings about belonging to the group**

**Social interaction, social relationships:** It was shown earlier that all the participants gave their interpretation of 'social interaction' as an important motivation to join a group. Words and phrases they used included different aspects of the concept of social interaction or social relationships, such as: *Friendship, camaraderie, I enjoy the company, fellowship, a lovely circle of friends; someone to talk to, a good old chat; a social get-together, going and meeting people, social interaction, networking; meeting different people with different interests.* Several reasons appeared to hint at losses encountered in the transition to a new lifestage, such as: *It's good for you to go out and be with people; keeping in touch, keeping in contact.* And in Bob's comment about some of the men attending the Probus group: *This is the only contact they have.*

**Activities:** Participants commented on the different satisfactions they found in the mental and physical activities offered by the groups, from the general feeling that activity of any kind was beneficial, to specific personal needs: *Something to do; keeps me active; use it or lose it; interested – interesting; use my skills; a challenge; learning about different people and places; a wider view of the world.*

**Sharing and support:** Words and phrases used by participants stressed the reciprocal nature of support experienced in the groups. Some expressed the comfort from receiving support and sympathy from others in the group: *Togetherness; reminiscence; someone there who will help; supporting one another; it helps you cope - being with other people.* There was also satisfaction in being able to make a contribution and to have it recognised: *Feeling valued; I feel pretty good about myself; I'm doing something for other people; makes you feel good.*

**Meaning and Purpose:** Comments revealed the two aspects of meaning and purpose, the perceived value of self-development: *Looking forward; something new; learning to manage; involved;* and the satisfaction of altruism: *Volunteering; a worthwhile venture; make a difference; when I leave the planet there's something there.*

**Pleasure, enjoyment:** Throughout the interviews it was clear from their comments and demeanour that the participants enjoyed their time spent with the group, as an opportunity to relax in the company of congenial people. This was expressed as: *enjoy; have fun; comfortable; happy; laugh and talk.*

The range of words and phrases used by participants highlights both the multidimensional nature of the concept of 'wellbeing' and the multiple motivations for joining and remaining in a group. Andrew summed up his personal reasons for belonging to a group:

*Something wrong if – well, you wouldn't be a member if you wasn't satisfied. I think that's with most things – if you don't get satisfaction you don't go. (M 90)*

Further questions on the participants' feelings about belonging to a group confirmed that they would stay with a group for as long as they continued to find the satisfactions they sought and for as long as they were able. When asked: *What would you miss if you weren't coming?* Twenty four (69%) identified the loss of friendships and company as their greatest loss. As Maggie said: *'I would miss the friendships terribly, so I would want to continue for as long as I possibly could'* (F 74). Several used the word 'different' to describe their experience of friendships in the various groups to which they belonged. Clare had found: *'You do make friends, different friends, within the group'* (F 65). Social reasons were also important for the men; they used words like 'fellowship', 'company' and 'comradeship' to describe their satisfaction with the group. This finding appears to confirm that participants found that relationships within the group added a different and extra dimension to their social interactions, apart from relations with family and friends.

A related question: *Can you think of any reasons you might stop coming?* revealed that a deterioration in health, their own or their spouse's, was the main reason they thought might prevent their coming, given by 14 participants (40%). Jill (F 73) and Mary (F 89) were both aware that their husbands' failing health might make it difficult to leave the house. Six participants (17%) saw that loss of a driving licence could prevent their going: *'Too old, too decrepit, can't drive myself to get there!'* (F 79). Ten participants (28%) could think of no reason why they might stop coming. The importance that participants gave to their wish to keep attending the groups was supported by findings from the questionnaire, where responses indicated that regular participation in the group was the norm. A large majority (84%) of the groups had a regular attendance of all or more than half the members.

There appeared to be an underlying acceptance that the opportunities that participation in a group can offer - getting out of the house, choosing and taking part in enjoyable and interesting

activities, meeting friends and making new friends, doing things for other people – had a positive effect on participants’ feelings about their health as well as their wellbeing. Widowed and living alone, Dolly was busily involved in the activities of her local community and gave: ‘*Only when I can’t manage*’ as the only reason she might give up (F 83).

The manager of the peak body for older people in Tasmania summed up the many different benefits of participation in a group as she has observed them in her work and experience:

*From the purely medical point of view, you’ve just got the fact that your brain is being stimulated, because you need actually to go out and be involved, you need to talk to people, you need to interact with them ... It would go a long way to help with mental health issues, to help prevent things like anxiety and depression, because, again, you’re interacting with a bunch of people that presumably you like, otherwise you wouldn’t be involved with them. You’ve got other people interested in you, and looking out for you. So that sort of – group responsibility, about caring and sharing with each other I think is really, really critical. (SP 5)*

## **5.10 Chapter summary**

This chapter has integrated the data from three sources: the interviews with 35 group participants and 18 service providers, and the responses to the questionnaire from 64 groups in Clearview, to explore older people’s peer-run groups and the factors that enable them to contribute to their participants’ feelings of wellbeing.

The participants gave a number of reasons for deciding to join a group that arose from their perception of changes in their lives in the new third age lifestage. Analysis showed these reasons to be: their need for social interaction and the opportunity to take part in their choice of activities, for support both given and received, to find continuing meaning and purpose in their lives, and issues of convenience and cost. Participants linked these reasons to their satisfactions in belonging to the group; they knew what they were looking for, and they were happy to remain part of the group for as long as they were satisfied and as long as they had the capacity to attend.

These findings can be interpreted further as showing that older people’s groups have a dual function. One is a *manifest community function*: to satisfy their participants’ need for social interaction and social support, interesting and stimulating activities and a sense of meaning and purpose, at a price they can afford and a time of day that suits them. The satisfaction of these needs equates with interviewees’ understanding of ‘wellbeing’.

The findings also show that the peer-run groups have an important *latent function*: helping their participants learn the strategies to adapt successfully to the lifestyle changes associated with ageing and to lead active, meaningful lives in older age. The peer group is both a resource of experiential knowledge and an arena where strategies for successful ageing can be learned and practised in an atmosphere of sharing and mutual support.



The findings outlined in this chapter on the role and purpose of the groups lead to further questions. How is it that the groups are able to realise their purpose? What characteristics of the groups can be identified as contributing to their role as providers of the satisfactions their participants seek? The next chapter explores the data for answers to these questions.

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## Chapter Six Findings on the characteristics of older people's peer-run groups

### 6.1 Introduction

The preceding chapter explored findings on individual participants' experiences in the groups, including older people's reasons for deciding to join a group, the different ways in which the groups try to satisfy their participants' expressed and implicit needs, and their contribution to their members' wellbeing in a detailed response to Research Question One. This chapter examines the groups themselves, identifying and describing the characteristics of older people's peer-run groups that enable them to contribute to their participants' feelings of wellbeing. It explores further the findings on one enabling factor – the assistance given to the groups by other organisations and authorities. It also outlines other issues raised in both sets of interviews, including the future role of third agers and their groups in a time of demographic, social and technological change. An example from the study area illustrates a relationship between a service provider and older people and their groups.

As in the previous chapter, the findings are presented in an integrated form using both quantitative and qualitative data.

### 6.2 Factors that enable the groups to satisfy their participants' search for wellbeing

Analysis of the data found that there were four factors that enabled the groups to satisfy their participants' search for wellbeing. The findings pointed to characteristics displayed by the groups in the study which gave them the capacity as well as the incentive to provide their members with the satisfactions they sought. These factors are identified as:

- *Voluntarism*: the free choice of participants to choose which group to join and the extent of their involvement in the group activities.
- *Lifestage*: the predominance of one age cohort – the post-paid-work or third age peer group – in the groups studied.
- *Self-governance*: the groups run by the members for their peers, with the aim of satisfying members' needs and empowering individual members and the group.
- *External relations*: other organisations' recognition of needs which the groups cannot satisfy for themselves, and the groups' acceptance of assistance from these outside sources.

The first three of these factors are within the capacity of the groups; the fourth requires input from an outside source.

The findings suggest that as participation is a voluntary personal choice, the respondent groups had an incentive to satisfy their participants' needs because they were dependent on attracting and retaining members for their continuing existence and growth. Groups with a membership

predominantly of third agers – those no longer in paid work – and which are run by their members, could organise themselves so as to cater specifically for the needs, interests and capacities of that generation cohort. Using their experience as members of the group and through consultation with other group members, and having personal experience of living in that life stage, the member-organisers were able to develop and apply strategies to make participation as attractive and satisfying as possible to their peers. The fourth enabling factor identified was the recognition by outside authorities and organisations that the groups have needs that they are unable to satisfy from their own resources, and the satisfaction of those needs. The findings on the four enabling factors are now explored in detail.

### **6.3 ‘I was looking for something to do’: Voluntarism in group participation: individual freedom of choice**

The 64 groups taking part in this study were all ‘leisure groups’, that is, groups which people joined of their own volition and for their own interest, enjoyment and stimulus and with no inducement of monetary reward: *‘People come together around a topic, or around an issue, with a lot of passion and interest and goodwill’* (SP 9). Participation was a matter of personal choice, not only of which group or groups to join and the extent of involvement, but whether to join at all.

The findings indicate that the absence of any element of compulsion or financial incentive to belong had a profound effect on the characteristics of the groups, their activities and how they were offered and organised.

It was clear from the groups’ responses to the questionnaire that they catered for a great variety of individual interests in the activities they offered their members. Table 6.1 below shows analysis of the groups’ (n=60) descriptions of their purpose and main activity. Four groups were excluded because they were invalid in this context. \*

<b>Purpose/activity</b>	<b>Groups (total)</b>	<b>% of all groups</b>	<b>Examples</b>
Volunteering	20	33%	Landcare, Red Cross, Meals on Wheels
Mental stimulus	14	24%	U3A, Probus, history societies, Bridge, writing
Physical activity	10	16%	Bowls, Croquet, Walking groups
Social	7	12%	Social eating, games, entertainment
Arts and crafts	5	8%	Painting, needlework, spinning, paper crafts
Performing arts	4	7%	Drama groups, choirs
<b>TOTAL</b>	<b>60*</b>	<b>100%</b>	

**Table 6.1 Groups in the study area and primary category of activities offered**

\*The other four responses to the questionnaire were excluded from this table; they consisted of community centres renting out meeting rooms to many different community groups, where the manager answered on behalf of the groups.

Analysis reveals that the main interests can be described in two broad categories. Forty groups (66%) are *individual pursuits* – choosing a mental, physical, creative or social activity for personal interest, such as playing Bridge, or bowls, or a singing in a choir. Twenty groups (33%) are *activities that benefit the community*, through a variety of groups whose members volunteer their time and energy to help the environment and other people.

Some groups and group activities offered a combination of two of the primary purposes listed above; for instance, in addition to the items they made for themselves the craft group also made quilts and teddy bears which they donated to the hospital. There were also many opportunities for members to volunteer their time and help within the groups.

This individual freedom to choose which group to join was found to affect the operation of the groups in a number of ways. Analysis of findings drawn from both the interviews and the questionnaire identified a number of strategies used by the groups to attract and keep members.

One important strategy is to provide a range of social opportunities. It was shown in the previous chapter that every interview participant gave their desire for social relationships as a motivation to join a group, and that all the groups from which interview participants were drawn offered their members opportunities for informal social interactions including eating together. Morning tea, for instance, gives a break in the group activities, as one participant explained: '*We have general business, and then about half past ten we knock off for a cuppa tea and a bickie*' (M 80).

The same emphasis on social interactions was found in all the groups responding to the questionnaire. Analysis of responses to a question on 'other services and activities' showed that every group organised social activities for their members. In addition to the opportunities for informal social interaction, the groups included other social activities such as eating together and going on excursions together as part of their programs. The seven groups listed as 'social' (Table 6.1) were specifically for the purpose of social eating. A church group organised Chat 'n' Eat, which described its activities as: '*Social, sharing a meal*'. One Neighbourhood House supports a Walk and Lunch Group: '*Take the community bus to a destination which offers light to moderate walks, then a healthy lunch which they prepare.*'

Excursions were another opportunity for social interaction and social eating. Twenty four of the groups responding to the questionnaire (38%) stated that they organised local day or half-day outings for their members, going in a hired bus or coach to visit a place of interest and to have a meal together. Some groups ran excursions as part of the group's regular program. A Probuss listed: '*An excursion or a lunch each month between club meetings.*' A Neighbourhood House 50 and Over Group listed their activities as: '*Handcrafts, bus trips. We have 2 bus trips a month, handcrafts are fortnightly*'. Other groups ran their excursions as an extra, purely social occasion.

For instance, the monthly meetings of the Cancer Support group were spent planning their next fund-raising event, but they also went on an excursion three or four times a year. Maggie, the president, felt this was: *'Lovely for the ladies to be together, and not to worry about fundraising or anything like that, it's just a social outing'* (F 74).

Only 5% of the group-organised excursions listed in responses to the questionnaire were directly linked to the main activity of the group. The two historic societies and a garden club in the area visited places of particular interest to the group, and the Community Arts Centre organised visits to craft fairs and exhibitions. A walking group took its members away for weekends to walk in other parts of the state. The RSL Auxiliary visited other Auxiliaries round Tasmania. But most excursions were purely social occasions; going out and enjoying a meal together appeared to be the main incentive. Rob laughed as he explained: *'The last time we went out, we forgot to ask! And they were renovating and we couldn't go through [the historic home]. So we just went and had lunch'* (M 80).

The individual's freedom to choose to follow a particular hobby or interest helps to explain the number of groups and the many different activities on offer in Clearview; the groups use choice and variety as a strategy to attract participants.

The 64 groups responding to the questionnaire were found to offer many different activities in a variety of ways. Thirty eight groups – 59% - offered one main activity, for example, bowls, needlework, bridge, walking, creative writing. The other 26 (41%) offered their members several related activities at different times: an arts club ran a choir and a play-reading session; a garden club had a class in floral art as well as gardening; a Seniors Club listed 'bowls, billiards, cards, bus trip outings'. A needlework group met three times a week, with a choice of different styles of class on each occasion:

*'Monday morning is for people with disabilities. Wednesday afternoon group comes for a chat, and they bring their knitting, their crocheting, whatever they want. And Saturday's group is dead serious, serious business, actual **teaching**'* (SP 14).

Other local groups ran several group activities simultaneously and could offer a choice to cater for different interests and abilities. For instance, the local University of the Third Age U3A ran 5 or 6 classes in each hour-long session: *'Not all academic – we also provide singing, dancing, Tai Chi, art, and games such as chess and Mah Jong'* programmed alongside classes in literature, history or science. A craft group offered a choice of up to six activities in each of its six-week terms - painting, paperwork, scrap-booking and different kinds of stitchery - in the one room one day a week. In her nineteen years with the group, Kathy had tried her hand at several styles of embroidery, quilts, teddy bears and paper crafts, and at the time of the interview was tutoring others in making scrapbooks: *'I wouldn't have had any of that if I hadn't gone to that group'* (F 74).

The importance of attracting new members appeared to influence a further strategy – the naming of the groups. It was found that most groups spelled out their particular purpose and activity in their names, allowing quick and easy identification and choice by any prospective participant skimming the list. Sixty of the 64 questionnaire groups (94%) included their main activity in the name of their group. Fifty two groups (81%) also included the suburb where the activity takes place, a useful guide to choosing a particular group when there are several similar groups in the area. For instance, there are at least seven Landcare and Coastcare groups in different suburbs in Clearview, and three Schools for Seniors in three different suburbs. A further strategy, used by 16 respondent groups, was to include an ‘age’ descriptor in the group name, to distinguish groups intended for older people from others in the area offering similar activities but to other age groups. The broad terms ‘School’, ‘University’, ‘Exercise’ and ‘Squash’ were modified to ‘School for Seniors’, ‘University of the Third Age’, ‘Gentle Exercise’, and ‘Gentle Squash Not Squash’ described as: *‘Aerobic exercise, improving health, social interaction’*.

Local groups also used advertising as a strategy, for instance by having their details included in the local council’s *Get Going Guide* booklet available free to local residents. In addition to the group name, meeting place and contact details, groups listed include a short paragraph describing their activities and purpose: *‘Share your skills and contribute to the community’*; *‘Guest speakers on many and varied topics’*; *‘Friendly atmosphere, new members welcome’*; *‘Suitable for all levels of ability’*; and *‘It’s plain good fun!’*

Participants’ freedom of choice was also found to act as an incentive for the creation of new groups in order to satisfy the perceived needs of the older people in the area.

### **6.3.1 The formation of groups as a response to needs**

An examination of the nine groups from which interview participants were drawn found that they were started in different locations as responses to the perceived need among their founders and would-be members to pursue particular purposes and activities. The nine groups arose from three main incentives: needs identified personally, by a local community, or by a sponsoring body.

A personal passion was the inspiration for two of the groups, Gentle Squash and the craft group. Bill had been playing squash for over 50 years: *‘I love squash... and at my age I don’t feel like giving up, because I enjoy it too much’* (M 77). He had started the group four years earlier with the encouragement of the manager of the local Squash Centre, and found other third agers willing to join. Bill recognised that members of the group came as much for the social side as for the physical activity: *‘That’s why we put the coffee, tea and biscuits on, then afterwards they can sit there and talk. They can sit there all afternoon if they like’* (M 77).

In starting the craft group, Noreen was able to fulfil a lifelong interest. Noreen had wanted to be a Home Arts teacher: *‘Because I liked cooking and I liked sewing’* but the course was full, so she trained as an English and Maths teacher. However: *‘After I retired, I was looking for something to do ... I thought, I’d like to do craft and organise a craft’* (F 85). Originally Noreen had

planned to run the group for her church, but then opened it to the local community: *'And as soon as I did that, it grew'*.

Five of the groups started in response to particular identified needs in their local communities. The Cancer Auxiliary for example grew out of a perceived shared need in the small, rather isolated settlement where it started and still continues. Jean, one of the original members of the group, described the start as growing from a conversation:

*I spoke to her going down the road one day, as you do, and she said, there's nothing for women our age here, there's nothing for women to do here - I think we should have a morning tea and get together and decide what we'll do. (F 80)*

At the first meeting of 6 or 8 women, one suggested they should have lunch once a month and raise money for something: *'And she was very keen on cancer, I don't know why'* (F 80). At first they met in each other's houses until the group grew too big, and they started to meet for lunch in the small local community hall owned by the Council. From Jean's account, the group took some years to decide its direction. At first the money-giving was rather haphazard, but the group now has a permanent relationship with the local hospital, though still with a special interest in cancer sufferers.

The Bowls Club is another organisation formed by local people sharing an interest. The Club had started 50 years earlier in what was then a new and isolated settlement in Clearview, where a Progress Association of local residents worked together to create community amenities for themselves. Andrew had belonged for 40 years: *'The thing to do was for nearly every husband and wife in the district to join the bowls club'* (M 90). The Bowls Club continues to act as a social centre for the neighbourhood. As Joe said: *'It's a meeting place - and communities without a meeting place, they're very sad places'* (M 75).

In another isolated area in Clearview, a Resident's Association was formed around the use of the local community hall. Dolly the president stressed that the Association was: *'Not just for the building, it was for the whole community. It took on the guidance of everything'* (F 83).

The History Society was started by a group of local residents with a common interest in the history of their suburb, which is the site of one of the earliest (British) settlements in Tasmania. The current president described how the group began:

*About six or eight local people just having a chin-wag about the past, who were mostly people in their seventies and eighties, just got together for a cup of tea and then they eventually decided they might form a group. I think there was eight in the initial set-up, and then it just grew from there. (M 73)*

The Seniors Group is run by the manager of the local Neighbourhood House with help from volunteers. The House itself was started in response to a need for a place to meet, so that local

residents had somewhere to go where they would be welcome. June, who had helped to start the House and was now a member of the Seniors Group meeting there, explained the prejudice attached to the former Housing Commission area: *'It had quite a stigma to it, you had to be very brave to admit where you live... the women needed a place to meet where they would be accepted'* (F 79).

Two of the groups were started through an outside body. Rotary, the business people's fund-raising and community support group, was responsible for starting Probus groups in the neighbourhood, originally with the aim of giving continuance to Rotary members when they retired. The School for Seniors was one of three in the research area to be set up about 20 years earlier by the branch of the State Department of Education responsible for post-school and adult education, now called LINC, which has the stated aim: 'To promote and encourage lifelong learning for personal and social development' (Department of Education Tasmania, 2013).

Several groups responding to the questionnaire were started in response to needs arising from a major local event: the destruction of the bridge linking the area to the rest of the city and its community groups. A local walking group described itself as: *'Not an older people's group, but a group of walkers that came together when the bridge went down [40 years earlier] and are now ageing'*.

These findings suggest that older people's freedom to choose which interests they wish to pursue is an incentive for groups to be created and an enabling factor for their continuation. The groups were started in response to perceived shared needs: would-be participants seeking to restore or replace losses and changes in their personal and social lives in their community and prepared to volunteer their time and energy to start a group and to contribute to its ongoing organisation. A service provider recognised that: *'A lot of groups are arising in the community- when it is needed, and driven by the community and operated by the community. If it's needed it will rise up'* (SP 11).

The groups in this study share the characteristic of choice of which group to join with other community groups offering 'leisure activities' to people of different ages and interests. However, the groups studied were found to exhibit an important factor that distinguished them from other community groups: the predominant age cohort or lifestage of their members. The age homogeneity of the groups is now examined.

#### **6.4 'We're all still together, that group': The predominance of one lifestage**

A distinguishing characteristic of the groups in this study was found to be their common age cohort; this acted as a factor enabling the groups to satisfy their members' interests but could also affect a group's success and sustainability over time.

The questionnaire asked about the age of group members. The question was framed as an inquiry about lifestage rather than chronological age: *How many members are past retiring age?* The



question was based on two assumptions. First, that as the groups were drawn from a publication aimed at older people in the area, the groups that had sought to be included saw themselves as relevant to a particular lifestage. The second, broader assumption (based at that early stage of the research on the writer's personal experience of leisure groups) was that the groups to which people who have left the paid work force and are in their third age are likely to belong are also likely to consist mainly of that cohort. Responses to the question confirmed this assumption. As shown in Table 6.2 below, half the groups surveyed had a membership entirely of people in their third age, and in fifty five groups (86%) the post-paid-work cohort was predominant.

<b>Proportion</b>	<b>Number of Groups</b>	<b>Percentage of Groups</b>
All Retired	32	50%
More than Half Retired	23	36%
Less than Half Retired	4	6%
n/a*	5	8%
<b>TOTAL</b>	<b>64</b>	<b>100%</b>

**Table 6.2 Proportion of group members past retiring age**

\*Responses from the Landcare groups were given in 'households' rather than individuals.

The groups with a mixed membership of retirees and working age were almost all physical recreation organisations such as bowls, croquet and walking groups. These groups were found to accommodate the differences in age and physical capacities by providing their members with a choice of levels of activity and meeting times. For instance, the largest walking group in the area catered for its mixed-age membership by offering a choice of two walks of different length and difficulty each Sunday. The older members in the Bowls Clubs mostly played during the day on weekdays; members still in the paid workforce met in the evenings to play 'Twilight Bowls' or an informal 'fun' version of the game known as Barefoot Bowls: *'There's a time of day when they're both in the building – and the bar is busy!'* (SP14).

A service provider commented that Landcare groups (volunteers working to care for the environment, weeding and planting in parks, reserves and the coastline, an activity requiring some physical exertion) were truly multigenerational – older people, parents of working age and their children: *'That's more coincidence than planning. You can have enthusiasm [for Landcare] whether you're nine or ninety'* (SP12). Even so, one Landcare group described how it catered for different physical capacities by running two working sessions, one at weekends for: *'Working mums and dads'*, the other during the week for the older members.

The nine groups from which interviewees were recruited all had a membership 'past retiring age' (Table 6.2). The 35 interviewees were shown earlier (Table 4.3) to range in age from 65 to 92, a third age spread of twenty seven years.

### 6.4.1 *Lifestage as an enabling factor in the groups*

The predominance of one age cohort, or one life stage - the post-paid-work or third age - was found to influence the operation of the groups in several ways.

The groups were able to prioritise the particular needs and interests of the third age lifestage. The previous chapter showed how the groups sought to satisfy their members' needs such as the emphasis on social interaction, the adaptation of activities to suit different physical and mental capacities, and the support within the groups – all of which were identified as 'feel-good' factors that encouraged older people to remain members of the group.

There was some comment in the interviews with group participants on the advantages and disadvantages of age-homogeneous groups. It was clear that many participants felt comfortable in a group of their own age and life experience. Brenda enjoyed the craft group: *'The age group is good – we have similar approaches to things and we enjoy similar activities'* (F 73). An organisational factor that can be seen as both a cause and a result of the predominance of one age cohort was that the groups responding to the questionnaire generally met during the day on weekdays, a time at which third agers are free and those in paid work are not.

Long-time Probus member Rob saw the advantages of an age-homogeneous group:

*If it was an all-encompassing club and you had members of, say, 35 or 40, some of the things they'd organise I don't think I'd be interested in ...probably more active, more modern, more tuned in to their lifestyle. If they're people of our age, the chances are they're interested in the same things **we're** interested in. I mean, retiring age, not necessarily 80s, but, you know, 60s and 70s.* (M 80)

The president of a society that has a mixed membership of third agers and second agers recognised that there were issues facing mixed-age groups:

*Generally speaking ... you're attracted to groups of within about ten years of your own age ... so if you throw a young person among a lot of old ones, you've got to have a bit of balance to make them feel accepted.* (M 73)

Even within the third age cohort, generational change could create difficulties when a group tried to recruit new members. Speaking of the Probus club's problems in attracting new members from a younger generation, Bob explained: *'We had expected the Baby Boomers to come in, but it doesn't happen'* (M 78). A member of the same group, Jill had an explanation:

*Seventy is not old these days. But when new ones come along, they see how **old** they are ... they **think** old. They've had a couple of younger ones that have come to join, and they've just **gone**!* (F 73)

A Bowls Club already had a mixed-age membership and was facing a dilemma - a difference in aims and interests between the older bowls players and younger social members. The president was concerned that the committee was not representative of the younger locals he was encouraging to join: *'We're in the process of trying to organise people, but it's not going to happen overnight'* (M 65).

There is a down side to age-homogenous groups, though, particularly in the older age cohort. Several groups responding to the questionnaire were facing the problem of falling numbers; it was the topic drawing the greatest number of comments, with the ageing of their members as the reason most often given. One example was the RSL Women's Auxiliary, with a membership: *'Over half are 80+'*. A Probus group had a static membership, with: *'Losses (death and inability to attend) matching new inductions.'*

Service providers who had observed the problems some groups suffered over time saw the common age cohort of members as the main cause for their decline: *'They're all getting old together'* (SP 2).

The ageing of the group was often observed to be linked with members' disinclination to change their ways, their activities and their recruiting methods, with the result that they had difficulty attracting new members. One of the managers working with volunteering groups fundraising for the local hospital observed:

*They have difficulty recruiting, and difficulty in changing the way they fundraise, embracing new ideas. They discuss that endlessly... Effective ways of fundraising have changed. It's not always effective to have a cake stall. ... But the amount of work the ladies put in was **unbelievable**, and it got to be too much for them.* (SP 2)

Another consequence of age-homogeneity was the declining capacity or inclination of leaders in the group to continue in that role, and this could affect the sustainability of the group:

*Often you'll have a few key drivers, or one key driver of a group to start things off, but then that's quite a lot of responsibility and energy and input from that person. And it can get to a point where those key drivers find it too much.* (SP 9)

It emerged that a common age cohort can have both positive and negative effects on the groups. Members were found to be comfortable with people of a similar age and interests, and the groups were able to prioritise the needs and interests of that one age cohort. But there were instances of the deleterious effect over time of a common age cohort, as members' capacities declined. This negative effect was compounded if the groups and their members were not prepared to adapt to changing circumstances.

## 6.5 *'Heaven help anyone who tried to tell us what to do': Peer-governance and organisation*

This study identified a third characteristic of third age groups – self-governance. The governance and organisation of the group by its members was found to be a very important enabling factor to ensure that the group was run according to their needs and wishes.

Analysis of the responses to the questionnaire found that the great majority of the respondent groups took responsibility for managing their own affairs. Fifty seven of the 64 respondent groups (89%) were run by their members (Table 6.3), either through an elected committee or by a less formal sharing of tasks among the participants.

Organiser	Number of groups	Percentage of groups
Committee of members	38	59%
Group members	19	30%
Paid managers of centres	7	11%
<b>TOTAL</b>	<b>64</b>	<b>100%</b>

**Table 6.3 Responsibility for organising the groups and their activities**

The members who take on the task of running their group are volunteers, with first-hand experience of how the group functions and of the members' interests and capacities. The larger or long-established organisations are generally incorporated, with a formal structure of president and other officers and a committee elected by the members. It was clear that these member-organisers encouraged input from other members: *'The committee tries hard to respond to members' requests and needs'*. A bowls club with an elected committee added that: *'Bowlers help organise'*. Nineteen groups (30%), generally those with a small membership, appear to be run informally, with one or more members taking on the tasks of organisation. A local branch of Red Cross stated: *'All members have a say in activities'*.

It emerged that interview participants, all in their third age, had little experience of groups run by younger adults. Most had difficulty answering a question about their experience of different styles of management, peer-run or run by others: *'I don't really know what you mean'*; and: *'I don't have anything to compare it with'*. Of the nine groups from which participants were drawn, only one, the Seniors group at the Neighbourhood House, was organised by a paid worker. Only one interviewee, 90 year old Andrew, had started going to the activities at a Day Care Centre (run by a paid manager) as well as continuing his long membership of his bowls club.

Seven questionnaires (11%) were completed by paid managers on behalf of groups meeting on their premises: *'All the groups - Indoor Bowls, Bingo, Dancing – come under the one umbrella of the Centre ... so I have just sent you this one completed survey'*. These paid workers were the managers of the three local Neighbourhood Houses in disadvantaged suburbs (funded by the

State Department of Health and other government bodies), and the managers of Council-owned and operated activity centres where many peer-run groups hire a meeting room. The comment just quoted and the brochures published by the activity centres indicate the existence of many more groups in the area than those included in this study. One brochure listed twenty different older people's peer-run groups meeting at the centre.

### **6.5.1 *The continuation of independence***

Self-governance of the groups by their peers was found to be an important factor enabling the continuation of the groups because it gave participants opportunities to maintain the life-choices and feelings of independence to which they, as responsible adults, were accustomed to, albeit in a changed setting.

For some, the autonomy of the groups was an opportunity to contribute to the welfare of the group, in the do-it-yourself spirit of community enterprise, where local people work together to realise community goals. Lottie recalled the efforts in her isolated community to build a Sunday School for the local church: *'We did crafts, and cake stalls, and you name it, we done it. And then we got it furnished because everyone donated a chair. We had these chairs and everyone put their name on'* (F 89). The same spirit of contributing to the continuing success of a community was found in the groups. It was shown in the previous chapter that a self-run group offers plenty of opportunities to help – the regular chores of arranging the chairs and making the tea, and the larger tasks of teaching and organising.

For some participants, self-governance of the group emerged as their chance to continue to use a lifetime of skills and knowledge in a new role: five of the nine member-organisers of the participant groups had been teachers, with years of experience organising groups. One ex-teacher was president of the Cancer Auxiliary: *'And, on reflection I realise I've brought some of those teaching skills to the role I'm performing now in the Auxiliary'* (F 74).

Leaders in the peer-run groups are themselves members of the group, and their personality and leadership skills were found to play an important part in the culture and organisation of the groups. Members of the School for Seniors appreciated the president: *'I think she does a very good job, she sort of understands what people of our age want'* (F 81). Jean approved of the Auxiliary president because:

*She remembers everybody. I mean, we had a sausage sizzle the other day and I was only there about an hour, but she sent a card to thank me – and she does that to everybody.* (F 80)

Service providers also recognised the vital role of the leaders as: *'Key drivers. None of [the groups] would survive without volunteers and hard-working people who do actually make things happen'* (SP 8). The manager of the Activities Centre described the personality that makes a community leader:

*They're very **giving** people, the people who start up anything. ...If you want to start a class, then you really want to enlighten somebody else's life by passing on your knowledge to someone who wants to know. And so I think that's what all of our leaders are about.* (SP 14)

Organisers described the strategies they used to make participants feel welcome and comfortable in the group. Maggie of the Cancer Auxiliary made sure that by the end of the meeting: *'Nobody goes home that I haven't spoken to'* (F 74). Clare, President of the School for Seniors, greeted members at the door and arranged a 'buddy system' to make new members feel welcome. The organisers themselves gain their reward from the satisfactions of the job, as Clare said:

*Lovely things happen quite often, when individuals say to me – one older gentleman, he comes, and he says to me: 'I can't wait for Fridays'. That's enough to make you think – this is worth doing.* (F 65)

These findings suggest that older people's peer-run groups are a distinct form of community group, defined by three intrinsic characteristics which work together as enabling factors for the creation, continuation and success of the groups. One characteristic is the voluntary nature of the groups, offering participants a wide choice to satisfy their personal interests; in this they resemble other 'leisure groups' in the community. However, the predominance of one age cohort, the third age, in the groups, creates a difference from other leisure groups because it enables them to prioritise the needs and interests of that cohort, and to recognise and cater for their members' changing capacities. And because the groups are run *by* older people *for* their peers, they are able to put these priorities into practice. These three factors are within the capabilities of the groups.

The findings also identify a fourth enabling factor – financial and other input from outside sources to supplement the groups' internal resources of people, time, knowledge and energy. Findings on this external factor are now examined.

#### **6.6 'It's all about breaking down isolation': External relationships: recognition and assistance from outside sources**

The groups in the study do not exist in isolation; they are a part of their local community and they affect and are affected by outside organisations. This study has given the generic name 'service providers' to the organisations from which data are drawn (Table 4.4), but the findings reveal a very wide variety among them - different governance, different responsibilities, and different relations with the groups. Findings on relationships between the groups in the study area and service providers are an integration of two strands: the interviews with group participants and service providers, and the responses to the questionnaire where the groups were asked whether they received any support from any another organisation and to specify the supporting organisation(s) and the kind of help received.

Analysis of questionnaire responses shows that half the groups said they received some outside help: grants for projects, access to the community bus, and most importantly, affordable (non-commercial) rent for the rooms in which they meet, with Public Liability insurance cover included. Eight of the nine groups from which interviewees were drawn received outside help of some kind.

The major supporters were found to be the local municipal council, other government organisations, and nongovernment organisations such as the Neighbourhood Houses and local churches. All these organisations have policies of promoting social inclusion. In addition, different specialist organisations were listed in responses to the questionnaire; for instance, Landcare groups are given tools, seeds, and advice from the State Landcare body; the local bridge club receives organisational help from the State and Australia-wide Bridge Associations. Several groups are affiliated to a head body: including Bowls, Probus and the Returned Servicemen's League (RSL).

The findings showed that there are three areas where the groups' relations with outside organisations are important to the groups: instrumental assistance, recognition and continuity. The groups needed outside assistance in gaining access to the resources they needed to maintain their services to their members that they were unable to provide or afford for themselves; these resources included places to meet, transport, publicity and grants for special projects. The groups also looked for some recognition of their particular characteristics, their wish to maintain their independence as self-run groups without interference, and the reassurance of continuity in their dealings with outside bodies. Findings on these three areas are now examined.

#### ***6.6.1 Instrumental assistance to the groups***

The most prevalent need for assistance was in the provision of a place for the group to meet. The great majority of the groups (84%) was found to need a place to meet that was accessible, affordable, and had the facilities they needed. The exceptions were those meeting on-site, such as the Landcare groups and the walking groups.

Findings from the questionnaire (Table 6.4) show that the main suppliers of meeting rooms were the local municipal Council, two churches, the local branch of the State Library, the local Health Centres, and the three Neighbourhood Houses in the area - that is, organisations with policies of promoting social inclusion and with premises available in the research area. Some of the groups – a health support group meeting at the local community health centre, and the groups at the Neighbourhood Houses, paid no rent.

Premises	Number of groups	Percentage of groups
Rent Council-owned rooms	20	31%
Rent church-owned rooms	9	14%
Owner of premises	6	10%
Rent club-owned rooms	6	10%
Rent State/Federal owned	6	10%
Neighbourhood Centre	4	6%
Private house	3	4%
Meet on site: walks, Landcare	10	15%
<b>TOTAL</b>	<b>64</b>	<b>100%</b>

**Table 6.4: Where groups meet, by premises**

The local council assumes the provision of meeting places as one of its responsibilities; the Community Development Manager at the Council recognised: *‘People need to meet, need to get together to prevent social isolation’* (SP 4). One Council alderman saw the value of having a variety of meeting places throughout the area:

*For some people, they want somewhere that’s really local and it suits them... We’ve got little halls dotted all over the place, so if you live in [suburb] and you’ve got plenty of people and you want to meet there, it’s absolutely fine. But if you’ve got members from all around and you want somewhere central you go to the Recreation Centre... so I reckon it’s horses for courses, and being able to give people the choice.* (SP 12)

An audit of the Recreation Centre the previous year showed that over 9000 people used the Centre each month; the Centre’s newsletter lists 20 older people’s groups meeting regularly in the precinct.

Neighbourhood Houses are funded by the Tasmanian State Health and Welfare Services to act as community hubs in socio-economically disadvantaged areas around Tasmania. Their aim is: *‘To bring the community together, to look at their needs and issues, to come up with some common goals to be able to deal with them’* (SP 1). The three Neighbourhood Houses in Clearview have meeting rooms available for local groups and events.

Local churches fulfil their traditional community obligations by providing meeting rooms and other assistance to their own church groups and by renting out rooms to other community groups. A local minister explained:

*The [Church] hall is rented out to a few groups. Then there’s things like the Mothers’ Union, and the Friends of [church], which is a much older group, I think the youngest is about 67. There is a play group on Monday mornings for young mums and young children. And there are several groups in the parish that meet, usually monthly. ... I think*



*for a church-based organisation we can fulfil the needs of older people with groups – if they want to be involved. (SP 18)*

These organisations also assist the groups by covering public liability insurance for users of their rooms. The cost of public liability insurance can make small groups unviable unless their meeting place has overall coverage for groups using the venue. One small craft group had faced many difficulties finding a place to meet: they had met in a hall ‘*Until public liability closed that venue down*’. The Cancer Auxiliary meetings were covered by the insurance for the Council-owned hall where they met, but they had had to abandon the fund-raising community fairs they had run previously: ‘*We were raising money just to pay for the insurance*’. The group is now under the hospital insurance umbrella when the members are out selling raffle tickets. Jean was scornful about this restriction on their group’s activities:

*You can’t even sit outside a shop now without being insured, that’s for selling raffle tickets – it’s utterly **ridiculous**. And I don’t know what three or four old ladies sitting outside a shop could **possibly** do – or be done to! (F 80)*

Thirty two of the respondent groups (50%) stated that they managed without outside support, relying on their member-organisers volunteering their services, and on session payments or subscriptions from their members. Other internal sources of income were listed: profits from the club bar; a historic society’s sale of its own publications; ticket sales to concerts and other performances given by the group; hiring out rooms to other groups; raffles; and trade tables (donated goods sold to other members at the meeting, with the proceeds going to group funds).

However, further analysis of the responses from the 32 groups answering ‘No’ to the question about outside support revealed that 16 of that 32 (50%) did in fact meet in rooms rented from a non-commercial organisation. Nine rented a meeting room from the local council – either one of the specially designed activities centres or the local Community Arts Centre or one of the suburban community halls owned and maintained by the council. Four other groups responding ‘No’ to the question on outside support were found to rent church halls for their meetings. Three groups rented one or more rooms at the local LINC (Library Information Centre owned and operated by the State Department of Education). So in practice, 48 of the 64 groups (75%) made use of regular assistance from other bodies. It appears that many groups did not regard the availability of affordable rooms as ‘outside support’, as they did for, say, a money grant.

None of the groups were using commercially-owned premises. Ken told how his small Probus group had had to stop meeting at a local hotel when the rent was increased; they met instead in a church hall nearby at a rent the group could afford (M 84).

Transport was another area where several of the groups made use of outside instrumental assistance. The Seniors Group at the Neighbourhood House could never have afforded the expense of hiring a bus from a commercial company; they booked one of the local community buses – owned and maintained by the local council and driven by a roster of volunteers - when

they were going out to a pub or café for lunch and when visiting another group to take part in their activities programs. The Probus group was another to use the council community bus for their regular excursions. Rob outlined the cost of hiring the community bus: *'The bus costs us \$5 a head, and we generally have lunch. And the [volunteer] driver will come and have lunch with us – and you don't expect **him** to pay for his lunch. So we buy his lunch'* (M 80).

A council alderman saw the local Council's provision of community buses as an important contribution to social inclusion and activity in the municipality: *'Great – it's really good to get people out and about'* (SP 12).

The groups could also need outside help with attracting new members. Much of the recruiting for individual groups was by word of mouth between friends and neighbours, but publications such as the Council's *Get Going Guide* and advertisements for the special events in Seniors Week and similar occasions have a wide circulation. The Health and Wellbeing officer at the local Council discussed the issue of getting information out:

*One of the ideas is to be on radio. I have in mind that we could have a regular program. I'm loath to produce a lot of print material in this day and age. ... We saw one really good website – 'List an Activity, Find an Activity' – just a way that people could get the message out about what they're running in their area.* (SP 13)

However the officer added; *'People in their 70s and 80s – my mum and dad – they haven't gone into social media'*. This attitude also emerged in the interviews with group members: *'I'm not too sure what Twitter is'* (M 84); *'I am on Facebook but I don't use it. And I don't use Twitter'* (F 74); *'Never even tried – my grandchildren are horrified that I won't even do Facebook'* (M 73). None of the interviewees had been recruited via the Internet. Individual organisations used print –newsletters and brochures - to pass on information to their members.

Another form of outside assistance was through financial grants. Several groups had received grants from various sources for special projects; for instance, a local historical society was given money by the State-run Tasmanian Community Fund to publish books on local history that the society president had written. But the society president was dubious about applying for grants:

*Look, it's a full-time job, those grants. If you keep your ears to the ground there's plenty around... you've got to be in the right place at the right time. But when you look at the paperwork – ohhh!* (M 73)

He went on to express a more fundamental danger he and other group organisers saw - the threat that too much dependence on an outside body could make to the group's treasured autonomy:

*I think to have your independence and do your own thing without too much rules and regulations is better. Because once you become accountable, then there's always someone saying 'you can't do that or you can't do this'.* (M 73)

A service provider also recognised that financial involvement can cause difficulties:

*If you're a group of any size which has other people's money involved, you've got a whole lot of things you have to do. And a number of groups find it difficult to cope with the requirements. You've got to get this form. You've got to download it. And you've got to lodge your forms on the website, you can't just send them in, it's all done electronically. And for a lot of people that's quite confronting. (SP 12)*

The unease expressed about accepting grants appeared to reflect a broad concern the groups felt about relationships with authorities – there were underlying tensions about power inequality and the intrusion of bureaucracy. The president of the School for Seniors had experienced this:

*I think some of the rules and regulations put people off joining things or being involved, because now there's too much red tape. It's supposed to be for our benefit, but sometimes it makes you wonder if it's for jobs. There seem to be **too many** people. (F 65)*

The president of the Auxiliary described the problems she had encountered when the little group raising money for charity decided to have a closer relationship with the local hospital:

*When the lady came to speak to us I didn't pick up that Auxiliaries were really run along government lines. We just assumed it was a change of name and that you raised money for the hospital. But to be insured you had to abide by the rules. ... We have made a few mistakes. (F 74)*

There were also hints of differences in priorities between the authorities and the voluntary groups. Ken contrasted: *'This obsession by government, that everything has to pay its way, whereas in days gone by a government believed it was justified in spending money on providing a service'* with the voluntarism and mutual support he found in the groups (M 84). Linked with this was a perceived gulf between paid professionals and 'old people' – which was also a divide between those in 'work', that is, in paid work, and those working for free – the volunteers. The Liaison Officer working with the Hospital Auxiliaries had observed this attitude among her colleagues: *'We have a hundred volunteers. If I had a hundred **staff**, people would know my name in here [hospital]. But no, they're just – volunteers!'* (SP 3)

### **6.6.2 The groups' wish for recognition**

There appeared to be an underlying desire by the groups to be recognised for what they are – distinct entities in the community. They were very appreciative when service providers recognised their contributions, as when the hospital liaison officer sent a thankyou card to the Auxiliary for the money they raised. Better still, the hospital invited members of the Auxiliary to visit and see how their money had been used, thus catering for another important interface – their desire for personal contact, being able to: *'Put a face to a name'* (F 80). The visit obviously

made a deep impression; three of the five interviewees in the Auxiliary group described their feelings:

*I was reflecting on the visit and I thought, that has done me so much good. Because you're raising money for 'The Hospital' ... We went in there and it made me realise the hospital people - **that's** what we're working for, not for bricks and mortar - the **people**, not the place. (F 73)*

When the President was asked if she had a problem working with the hospital bureaucracy, she replied: *'No, not now I've met the people'* (F 74).

Other participants felt the need for continuity of contact, such as they found within the group. Clare at School for Seniors was impatient with the service providers in the Education Department:

*They ring once a year, to check if I'm still coordinating. This year it was another new lady... The lady that rang me a few months ago, just expecting I would continue, she obviously wasn't aware of the situation, how it works. ... They pay the coordinator – I didn't know anything about this until after I was doing it for a year... it doesn't cover what you do. (F 65)*

Some groups had little contact with outside organisations and did not appear to feel a need for it. The Bowls Club: *'No, we don't call on the Council very much. They're always there if you needed them, but no, we are self-supporting'* (M 75). Probus: *'We have a meeting [with the head organisation] I think it's once a year. We're not involved with them every month, no'* (M 80). The craft group: *'We're in the church building, but we're quite separate'* (F 74).

These findings suggest that although the groups were prepared to accept assistance from outside organisations in areas where they did not have their own resources, the differences in power and priorities could put a strain on the relationship.

Service providers, too, commented on the relations with older people's groups, reflecting on points of contact and points of difference. These included the policies and priorities of their organisation or department and budgetary constraints, misunderstandings between the lifestages stemming from lack of knowledge or experience, and differing views of 'older people': their capacities, their potential and their needs. It appeared that the relationships between groups and service providers could be complicated by the groups' determination to maintain their independence. These views are now explored.

## **6.7 Service providers' views on relationships with the groups**

Although the eighteen service providers interviewed were purposively chosen because of their professional involvement with older people's health and wellbeing, they varied in the extent of their actual contact with older people's peer-run groups. Some admitted they had little or no

direct experience of the groups and were reluctant to pronounce on them: *'You don't really hear about these things – people running groups for their peers – they just make things happen, don't they?'*; *'Nobody else knows about them. They fly under the radar'*. Others were involved with older people generally as part of their brief but were not concerned specifically with the groups or with older people as group participants. The worker for the peak body for the community services sector saw their priority was to work with:

*Groups providing a service to 'low income and disadvantaged Tasmanians', people who are consumers or clients of social services. Things like a Bowls Club, those sort of recreational-focused groups in the sector, not so much. ... We have pretty slim resources.* (SP 9)

Other service providers were found to have more knowledge and experience of the groups and their characteristics. One spoke about the origins of the groups, recognising how different they were from work-based organisations like those the service providers were working for: *'They have come together out of a common goal, a common enjoyment. They have their ways of operating, and how they do their activities'* (SP 6).

The value of the groups was generally recognised as a source of inclusion and wellbeing and therefore as a benefit to the economy:

*I think the social inclusion aspect of being involved with groups is enormously beneficial, for the individuals but also for the community in general. And ultimately it's economically beneficial, because it helps people to stay well longer – that's where you come back to health and wellbeing.* (SP 9)

There were varied comments on the groups' self-run status: *'Fierce independence seems to be part of many of these groups.'* Some recognised that this independence was a creation of the participants and therefore important to their wellbeing:

*The group that they form is just – they **want** it that way. It's just a little group of people coming together to read books together, or to do some painting together ... and they're valuable, this kind of self-help thing.* (SP 6)

Another service provider saw that: *'A lot of these groups – the recreation based groups certainly, might not even **require** to have anybody working with them – they might be getting along quite well on their own'* (SP 9). The church ministers had a similar view, seeing their work with the groups attached to the church as:

*Not to be autocratic, just to facilitate – how can we support it, help to establish the group dynamics... let them manage and take responsibility for themselves. And I think that that freedom has enhanced a lot of the groups here.* (SP 17/18)

The liaison officer with the hospital auxiliaries also felt strongly that the groups' independence should be respected: *'There are some strong groups out there that I wouldn't even go near. But there are the other couple that I can see it might be time to offer - only **offer** –to help'* (SP 3).

There were also indications that service providers were aware that an independent lifestyle was characteristic of the new third age resulting from demographic change; they recognised that some current official policies and practices would need to change to accommodate the needs of the new age cohort. Several State government employees discussed the implications of demographic change for their policies and practices. The service provider from the Education Department cited a paper from an education authority on the ageing population:

*They say we're woefully underprepared. They talk about the ageing population, the different categories of ageing – the newly aged, the older, the aged-aged. And that we may need to deal differently with that diversity of age.* (SP 7)

Another with special responsibilities for government policies on ageing recognised the range of capacities in 'old age' and how individual needs changed over that time:

*I guess what we're looking at is the extra twenty years that we're getting now that we didn't get previously. ...Now we're looking at 60 to 80 years – the extra 20 years people have got now of living active lives. And then you look at the last bit, where you need to do the more serious things around your health and living conditions.* (SP 11)

A social welfare worker also recognised the changes through the long period of older age, and the need for flexibility in ageing policies to cater for particular needs:

*A thing that we maybe haven't gotten quite right in that support of older people is that – people may get to the point where they **do** require some support, but they also may still be well and truly capable of **providing** and **contributing** in various ways too. So it's not an either-or, where you're either a contributor or a receiver of support. And I think that helping people to continue to contribute, through volunteering, or through involvement in different groups, at the same time as they might need some support – vacuuming – or they might need some assistance with transport to keep doing that...* (SP 9)

There were comments on how policy changes and budget constraints were seen to affect older people and their groups. The service provider interviewed from State Education outlined the principles of the department: *'Equity. Access. The right to explore, the right to information, the right to educate yourself as you choose, in any topic that you want. ... To encourage people to take a step back into learning'* (SP 7). But she added that budgetary constraints were affecting the extent of learning support available to people who were no longer of an age to join the paid workforce, and that the present government priority was: *'Encouraging people of working age to stay connected to the workforce and to receive the skills and training they need ... most*

government funding has been directed to pathways into work' (SP 7). Reflecting on the role of learning in health and wellbeing, she continued:

*Unfortunately we don't have a system where preventative activities that prevent future costs are very well understood by government. An investment? Yes, I think that's very clearly part of our mandate, and part of our view of ourselves, that we offer ... but we're not **funded** as preventative health. (SP 7)*

A service provider in the State Health Department also commented on changes in policy priorities because of budgetary constraints and how they were affecting preventive services to older people:

*The area of health promotion and what you would call illness prevention, which is more about health and wellbeing, is not getting a lot of importance now... If a group of older people identified a need in their community, something to do with health and wellbeing, they might find it very hard to get funding in the present economy. ... There's not the same flexibility. (SP 6)*

In the course of exploring how financial cutbacks had affected policies and practices another issue emerged - the role of community groups in a post-Welfare State system. The professional working with disadvantaged people reflected on the implications for the ethos of the groups if the onus were to go back to civil society to pick up the task of welfare provision:

*I don't know whether we can go backwards to that kind of charity-welfare model... In the past it would have been mostly church groups that were relied on to provide support to people who were disadvantaged. I don't know if the groups that are out there would like to take that role up. ... And I'm not sure that groups will always be keen to be involved with what they might see as **bureaucratisation** of what they're wanting to do, which is perhaps just get together and do an activity. (SP 9)*

There was much discussion in the interviews with service providers of ways in which authorities could help the self-run groups, recognising that differences in views and ways of working could cause misunderstandings between second age professionals and third age volunteers. For instance, the head of the body involved with promoting volunteering in the state had felt that: *'If I were to talk to [the groups] about a Volunteer Management system and how to recruit and retain volunteers, that might feel a bit like – 'Oh no, that's not what we're about''* (SP 10).

In the course of discussion, the Education Department professional outlined her views on the possible ways of helping the peer-run groups; admitting that current support was *'a bit patchy'*, she gave her views on the role her department could play:

*It's good practice to examine the models of support, to see that we're providing the support that's needed, in a way that is required: is it what the seniors' groups need, or in*

*fact want, or are there other things that would help them more? ... I think we're looking to encourage as much independence and self-supporting as possible. Having said that, I can see a role for some kind of central sharing of information – whether it's our role or whether it does belong to someone else is worth exploring. First we want to know whether there is anything they want in common ... we do want to do a bit of investigation around this. (SP 7)*

The long and reflective interviews with the range of service providers revealed that the professionals involved with the welfare of older people generally recognised the benefits of group participation; there was some acknowledgement of the role that independence and the other characteristics identified in this study played in the wellbeing of group participants. There were indications too that the service providers recognised that the concepts of 'ageing' and 'older people' were changing or had changed, and that policies and practices would need to change too: *'I think we've still got a lot of work to do around what it means to be 'active ageing'' (SP 11).*

#### **6.7.1 A local council's relationships with older people and their groups in the area**

The study now explores an example from Clearview of a relationship between a service provider and third agers and their groups: the findings on the relationship between the local municipal council and older local residents and groups.

The state government official concerned with ageing policies for the state saw local councils and local communities as key players in promoting the wellbeing of their residents:

*There's a lot happening at that local government level, and it's only when you get to talk to them about what they're doing with their community that you get to know the **richness** of some of these communities ... that's where **big** things are happening. (SP 11)*

One of the researcher's interests prompting this study was the perception based on personal experience that local government has an important role to play in the welfare of their older residents. This belief influenced the choice of a municipal area as the study area and was reflected in the construction and administration of the questionnaire and the interview schedules. Six of the 18 service providers (33%) interviewed were paid officials working for the local council or elected representatives on the council. Findings on their views are now explored.

A council manager described the council's responsibility as: *'Equity of service – equity is the **centre** of what we're doing and the amount of service we're doing ... The biggest thing is that we make it easy for [local residents] to have access to resources' (SP 4).* A council alderman endorsed this view:

*We have a basic responsibility to **everybody** in the municipality ... our resources need to be allocated **across** everyone. ... Every time we look at a [walking and bicycle] track we*



*look at: Will it take prams? Will it take wheelchairs? You've got to think both ends. (SP 12)*

But the manager recognised the Council's need for specific policies for older residents:

*I think the program for wanting to stay at home has a counter-balance to it – people staying at home need to be connected. And Council's got roles there – it can stimulate community groups and provide them with facilities, like community buses and things like that. ... Facilities and meeting places is [sic] really important. (SP 4)*

The instrumental assistance given by the local council to community groups in the municipality has already been described (6.6.1). Meeting rooms throughout the area at a rent the groups can afford; community buses available for group excursions; help with publicising groups and their activities; grants to help with local projects – services that groups do not have the capacity to provide for themselves are seen as a council responsibility to its residents.

The study now explores another important relationship found in the research area. The municipal council was found to base its practices on a policy of consultation with the community, much of it coming from a number of advisory committees of local residents volunteering their services. An alderman explained:

*We have a strong link with the community, and I think that that is **crucial**. I don't see we can have plans that are credible unless they have had community input. You have people who are very involved and knowledgeable because of their background and their interests, but also they're influenced by the community. The people that are there [on committees] **want** to be there and see something done. (SP 15)*

The council manager described the consultation process:

*We have established specialist committees to identify the needs of the community. And we have hands-on management committees [of the council's Activity Centres] and feedback from these committees as well. So the needs of the community are well and truly identified, through a rich tapestry of different committees and organisations which feed information into the council. (SP 4)*

The first committee to be set up, the model on which the other council advisory committees are based, was the Positive Ageing Advisory Committee made up of older local residents to help put the council's Positive Ageing Plan into practice and chaired by an alderman. The council's advisory committees now include Cultural History, Disability Access, Health and Wellbeing, Tracks and Trails, Bicycles, and Youth Network, each with its own strategic plan. The manager saw that the members of all the committees had an important role:

*They become sort of – **expert citizens**. And they bring another perspective for us to consider and deal with. Particularly, they bring a lot of expertise and skills with them, more than we ordinarily have, and which we couldn't afford.* (SP 4)

This view of the advisory committees was strongly supported by the member-organiser of one of the interview groups as giving more effective input and greater continuity than individual efforts could do:

*It's a much better way. Because otherwise you've got individuals trying to move and shake, and it just doesn't work. ... And now when the individuals change, the committee still stays. And the committee is **doing** things, that's what I like.* (M 73)

An alderman elaborated on two benefits from community input: first, the value of identifying what the community sees as important, using the example of building a path: *'If no one is going to use it, it could be the most exquisite path in the world but be completely useless'*. The other benefit was the input of different ideas: *'Somebody will come up with a brilliant idea that we didn't think about ... Someone will walk in and say Why don't you do this? And you go, What a good idea! Why don't we do that ?'* (SP 12).

Another alderman who chaired one of the advisory committees admitted that working with volunteers from the community was not easy: *'It's like herding cats, isn't it? You have to bring people on board.'* On occasions a committee could take an independent view: *'Sometimes you get recommendations – well, that's not really the sort of recommendation that we [council] were hoping for, or looking for. And then having to deal with it. So it's not all plain sailing'* (SP 15).

These findings suggest that the principles of voluntarism and consultation observed in the older people's self-run groups, and to a large extent their autonomy, are also being successfully applied at a local government level.

## **6.8 The future of older people's peer-run groups**

In the course of the interviews, questions emerged on the likely future of 'ageing' and the role of the peer-run groups in the light of demographic and social change. Group members and service providers raised a number of issues: the fate of individual groups, the likely impact of demographic and social change, and the role of older people's groups in the community in the future. Findings on these issues are now explored.

In the interviews with the groups it was mostly the member-organisers who expressed concern about the future: *'I do think you need younger ideas, otherwise you can get into a comfort zone and just jog along'* (M 73). 'Jogging along' appeared to suit the majority of group members interviewed as they expressed their satisfaction with the groups to which they belonged and were happy to continue as members. But service providers, observing the groups from outside, were aware of potential problems facing many of the groups: *'They haven't changed a great deal, and*

*I think their membership has decreased and they've increased in age – and that seems to be common' (SP 6).*

The need to recruit new and younger members was seen to be made more difficult because of a perceived difference between the two generation cohorts, the current group members - the 'frugals' or 'pioneers' brought up in the Depression and World War Two, and the increasing numbers of post-war baby-boomers reaching retirement age and moving into their third age: *'They do things differently, I think'*. Jill, the only group interviewee to describe her experiences in a group predominantly of retired baby-boomers, was dismayed by their behaviour towards the group:

*They're a much younger group ... a lot of single women, a lot of women who have left their husbands rather than their husband's dying, **they're** the sort of people who come along to [group]. And they're just out for a good time. Like tonight we're going to the theatre, and they like it because somebody organises that for them and they've just got to turn up. (F 73)*

Jill went on to explain that she had just resigned her position as group secretary because she saw the other members' attitude as: *'Very spiteful - because they don't want to give a few hours every month to keep the group going' (F 73).*

Through their work in the community, some service providers had also observed this attitudinal change. The head of the organisation promoting volunteering compared the two generations:

*We find older people are often motivated [to volunteer] because they feel like they've experienced things in their lives and they would actually like to **give back** to the community... Things like wanting to make a positive difference in the community, using skills that they've built up over a lifetime. (SP 10)*

She contrasted the kind of commitment of older people who: *'Are likely to be ok about committing two hours a week for the next three years'* with the episodic volunteering popular with younger people: *'They go in, do something for a short period of time, go back out again'* (SP 10).

Social and technological changes were also seen as affecting recruitment to the groups. The president of one group recognised that as more women joined the paid work force they had fewer opportunities to join community groups:

*In the past there was a family structure where one person was working and the other wasn't and had a bit of time available. Now we're double income families, people trying to run families and work. And while computers were supposed to give us more time, they've given us less – they don't seem to have enough time the way we seemed to. (M 73)*

Bob had a similar experience when recruiting for his Probus men's group: '*Computers have made a difference. A lot of men when they retire spend their life on their computers*' (M 78).

Another issue for the future of the groups was that the range of activities available in older age had grown, as a service provider observed:

*There's now so much greater breadth of things that people can opt into once they've left work. And sometimes it's not necessary to belong to a group ... The range is broader now, and lots more professional people who want to do **different** things, who are very willing to give their time, their experience, their expertise, but they want it to be – well, like all of us, they want it to be **meaningful**. And so they're looking for different things, not necessarily service clubs. (SP 11)*

However, an alderman with long experience of community groups was cautiously optimistic about their future:

*People have been saying for years and years that nobody is replacing and that groups are dying out... but I'm still not convinced that the people who are in their fifties now, in fifteen years' time – even if they're not interested right now, they're going to want to do **something** when they turn seventy. And what else would there be to do? ... I've got confidence that the groups will evolve. (SP 8)*

It was generally recognised among both sets of interviewees that the new type of older people – the current third agers and the increasing numbers of Baby Boomers leaving paid work - would expect and demand to be part of wider society. There was discussion on ways to increase contacts between older and younger generations, with suggestions for greater use of mentors in schools and for more whole-of-community activities such as community gardens. Some recognised that the new age cohort would expect more resources for their changing needs, such as a different sort of place to meet. A service provider described a resource centre for the older community she had visited:

*It was a place where older people would come to get support, but it was support to kind of be active, to be **activist**. Not to be physically active but to actually **do** stuff... Maybe that's what groups need, because that's **on their own terms**, not like the government saying you need to fix things. (SP 6)*

It can be seen that the interviews with group members and service providers ranged over a number of topics and evoked reflections and suggestions for the future of older people and their groups.

## **6.9 Chapter summary**

This chapter explored findings on the groups in the study. It was found that four factors gave the groups the capacity as well as the incentive to supply the different satisfactions for their

participants. The four enabling factors were identified as: the voluntary nature of participation, the third age lifestage of the majority of participants, the governance and organisation of the groups by and for their members, and the assistance from other organisations in areas where the groups lacked resources.

A further finding emerges from reflection on these findings: that each factor had an essential and interdependent role to play, and that it was the *combination* of the four factors that enabled the groups to fulfil their goal of satisfying their participants' needs. The freedom to choose suggests a shared purpose for the group; the age cohort sets priorities and limits, self-governance translates purpose into reality, and outside assistance supplements the deficiencies.

Individuals in both sets of interviews –the member-organisers of the groups and some service providers – raised other issues. These included reflections on the factors found to enable the groups currently to satisfy their members' needs, for instance, the groups' independence and how it could affect their relationship with service providers and the authorities. Changes in patterns of volunteering, and the growing tendency for volunteers to commit themselves only for a short time, were discussed in relation to the future continuity of the groups.

Broader questions on the future of older people and their groups in a time of change highlighted a number of issues of concern to group members and service providers: governments' funding priorities and the role of local government; the effects of technological and social change; and the needs and interests of the ever-growing numbers of older people – both third age and fourth age – as a consequence of demographic change.

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## **Chapter Seven    Older people's groups and the satisfaction of their participants' needs**

### **7.1    Introduction**

This chapter examines the findings on the impact of peer-group membership on older people's feelings of wellbeing. It offers a response to Research Questions One and Two. The reasons that participants gave for their decision to join a group and the corresponding satisfactions they had found in participation which they interpreted as 'wellbeing' are compared with other studies of older people's ideas on 'wellbeing'. The reasons are then explored in the light of a theory that interprets wellbeing as the satisfaction of needs, Self Determination Theory (Deci & Ryan, 2000, 2008).

The chapter then suggests a theoretical explanation for the link between older people's perceived needs, group participation and their feelings of wellbeing. Using Atchley's (1989) Continuity Theory, it argues that the characteristics of older people's peer-run groups are similar to characteristics found in earlier life stages. The study draws the conclusion that by adapting and incorporating these characteristics, the groups enable their participants to experience the reassurance of continuity in their lives while learning the strategies for coping with change.

### **7.2    Components of 'wellbeing' compared**

This discussion now examines the findings on the different satisfactions participants said they sought and received from group membership and compares them with recent studies into older people's perceptions of wellbeing. It also looks for any reference to how, when and where older people can find opportunities for experiencing wellbeing.

#### **7.2.1    *Social interaction as an incentive and a satisfaction***

All the interview participants gave their wish for social interaction as a reason to join a group; they spoke of *'friendship'*, *'someone to talk to'*, *'company'*, *'meeting people'*. This finding of the importance of social relationships is consistent with studies of older people's opinions of their wellbeing discussed earlier which rate social relationships as very important or the most important, (e.g. Bowling et al., 2003; Diener et al., 2009; Fiori et al., 2007). The findings also support the literature cited earlier (2.8.1) on the changes and losses in social contacts that are likely to occur in older age (Erikson et al., 1986; Victor et al., 2005) and their effect on wellbeing.

Other studies of social wellbeing in older age reveal more links with satisfactions found in the groups in this study. Bowling & Gabriel (2007), in one of the follow-up studies to their 2003 survey, distinguished regular contact with friends, doing things together and emotional support as components of wellbeing. Bowling & Gabriel also discuss the many different *reasons* their

respondents gave to explain why social roles and opportunities were important to their feelings of wellbeing in so many ways: ‘enabling social contact and conversation, for keeping fit/alert, for pleasure and enjoyment, having a role, feeling valued, keeping busy, preventing loneliness’ (2007, p. 836). A search in the same study for occasions or venues where these social roles take place – the missing *next step* in so many studies of older people’s wellbeing – also found mention of ‘clubs/local groups for contact; attends local events/place of worship for contact/activities’ (p. 834).

A research project in the Netherlands (Steverink & Lindenberg, 2006) examines three different effects of social interaction in older age. The project used a questionnaire to a random sample of 2000 community-dwelling people in an age range of 65 to 98 years, with an average age of 74.2 years, a similar age range and average to the current study. In their study Steverink & Lindenberg (2006) use the theory of Social Production Functions (SPF) to identify three basic social needs in older age: affection, behavioural confirmation, and status, with the central premise that ‘overall well-being will increase as more affection, behavioral confirmation, and status is [sic] achieved’ (p. 282). Affection is defined as ‘the love you get for being who you are’ (p. 282), in other words, a feeling likely to be found among family members and close friends. Emotional goals and emotionally close social partners have been shown to increase in importance as people grow older (Carstensen et al., 2003).

This study suggests that Steverink & Lindenberg’s (2006) other two basic social needs - behavioural confirmation and status - are very likely to be found in a peer-group situation such as in the current study. Their second need - behavioural confirmation - is defined as:

Fulfilled by relationships that give you the feeling of doing the “right” thing in the eyes of *relevant* others and yourself; it includes doing good things, doing things well, being a good person, being useful, contributing to a common goal, and being part of a functional group. Behavioral confirmation thus results primarily from what you do. (p. 282)

This description, with its emphasis on conformity to group norms and contribution to group goals, is similar to the findings in the current study on cooperation and contribution within the group and on the many opportunities for volunteering help that membership of a peer-run group has to offer.

Steverink & Lindenberg (2006) define their third social need, status, as:

Fulfilled by relationships that give you the feeling that you are being treated with respect, are being taken seriously, are independent or autonomous, achieve more than others, have influence, realize yourself, and are known for your achievements, skills or assets. (p.282)

Again, it is suggested that status has been shown to be a feature of the older people’s groups in the current study, for instance, in the opportunities for showing leadership and winning other

members' appreciation; the freedom of choice inherent in the ethos of a voluntary group; and the self-realisation that can be found in learning to cope with the new lifestyle.

Steverink & Lindenberg (2006) discuss the likelihood that age-related declines or changes – retirement, physical decline and fewer opportunities - will affect both behavioural opportunities and status, though 'affection is relatively age-proof' (p. 283). They suggest that through a patterned change in the availability of resources, older people will suffer losses over time: 'first their resources for status, then for behavioral confirmation, and last (or not at all) their resources for affection' (p. 283), but that 'none of the three social needs become less important with advancing age' (p. 281). In a finding relevant to the current study, the authors attribute this likely loss not to a shift in needs but a shift in resources and opportunities to satisfy them:

Should there be opportunities and resources to satisfy status and behavioral confirmation again, then even older people would value this, because satisfaction of both needs contributes to their overall wellbeing. (2006, p.288)

However Steverink and Lindenberg's study of older people's wellbeing is among the many that do not specify *where* these opportunities and resources were or could be found, such as the current study has found in older people's peer-run groups.

Other studies show how important it is that older people have opportunities readily available for social interaction with others of a similar age. Hawkey & Cacioppo (2010, p. 224) give an example of a successful intervention involving small groups of seven or eight lonely home-dwelling older people. They met once a week over 3 months to participate in group activities in art, exercise or therapeutic writing, with the result of a great improvement in their feelings of wellbeing compared to those in a control group. These results from a controlled trial appear to be similar to the satisfactions found among the participants in the current study.

The possibility of loneliness, defined as 'a distressing feeling that accompanies the perception that one's social needs are not being met by the quantity or especially the quality of one's social relationships' (Hawkey & Cacioppo, 2010, p. 218), is likely to increase in old age. Pinquart & Sorensen (2001) found that 40% of adults over 65 reported being lonely at least sometimes. This would be consistent with the changes and losses in the third age in opportunities for social contact with family members and work colleagues found in the current study and elsewhere in older age (Victor et al., 2005; Naughtin, 2008), and the adverse effect on feelings of health and wellbeing as a result (Morgan, Burns, Fitzpatrick, Pinfold & Priebe, 2007). The current study's findings show that service providers working directly with older people are very aware of the dangers: '*That's what we're about – to stop social isolation*' (SP 16).

This study argues that participation in a peer-run group offers resources and opportunities for older people to achieve and maintain feelings of wellbeing that are not easily found elsewhere in older age, particularly in two of the social needs identified by Steverink & Lindenberg (2006) - status and behavioural confirmation, and in the avoidance of social isolation.



### 7.2.2 *Sharing and support in the group*

Findings in the study showed that participants saw the opportunities for sharing and for giving and receiving support in the group were a source of wellbeing, with phrases such as '*supporting one another*' and '*togetherness*' used in the descriptions of participants' satisfactions. However the findings on 'support' show a very wide gender difference. Twenty one (87%) of the women but only 3 of the men (27%) gave it as one of their reasons. Analysis of the three men's responses revealed a further difference; all three were examples of *giving* support, as leaders and instigators of activities in the groups. This contrasted with the interviews with women, where the desire to *receive* support was openly expressed, as when coming to terms with bereavement.

On reflection, there could be explanations for the gender difference in responses. Research has shown that community-based social groups are often dominated by and primarily geared towards older women and their interests (Gleib, Haslam, Jones, Haslam, McNeill & Conolly, 2011; Thlewis, 2001). In the current study, the membership of the nine groups from which interview participants were drawn was predominantly feminine. The School for Seniors had around 70 women members to 10 men; the men were observed to sit together at the meeting, and interviewee Harry commented that the men laughed and joked together – apparently using humour as a bonding strategy.

The previously all-male group Probus had recently allowed women to join, all of them wives of current members, like Jill, who disapproved of the men's attitudes to supporting each other. However, it was clear from Bob's comment (5.5.2) that the men had their own kind of mutual support, largely through talking and reminiscing together: *They have fellowship ... I think it just helps with their daily living*' (M 78).

These findings on gender differences in older age are supported by studies finding that gender-specific social groups can prove beneficial for older men, counteracting the effects of social isolation. Much of the research is drawn from studies of Men's Sheds. For instance, a study of a pilot program involving three sheds in the United Kingdom (Milligan, Payne, Bingley & Cockshott, 2015) found that older men can experience greater difficulty than older women in accessing social support, and that gender-specific spaces could help to address the difficulties of engaging older men in communal social activities. That study found a particular benefit in all-male sites, as places 'in which older men might perform and reaffirm their masculinity' (p. 125). This is supported by a study of Men's Sheds in Canada (Nurmi, MacKenzie, Roger, Reynolds & Urquhart, 2016) which found that men needed specifically male-focused programs.

In one of his studies of Men's Sheds in Australia, Golding (2011) showed that the most effective interventions are those that cast older men as co-participants in shared group activities in safe and familiar spaces. Other studies of Men's Sheds in Australia (Ford et al., 2015; Morgan, 2010) confirm that a supportive social environment is among the benefits of participation for older men. However, the benefits of the support available to older men in the sheds appear to be

implicit and part of the overall benefits of participation (Golding, 2009, 2011), in contrast to the more explicit support given and received among women (Rubin et al., 2009; Warburton & McLaughlin, 2006). Perhaps it is not surprising that several men in the Probus group were found to resent the opening of the group to women.

Two aspects of social support are now reviewed for their relevance to the current study: these are the various types of support, and the role of reciprocity.

Research has identified five types of social support (Harms, 2005; Schneider, Gruman & Coutts, 2005); instances of all five were found in the participating groups and are now briefly discussed.

*Emotional support* was valued in times of stress – Anne after her divorce, Sally and Kathy in bereavement – and the perception that support was available when needed was reassuring. It is suggested that the age homogeneity found in the groups in this study could be a contributing factor here, as others in the group were likely to have had similar experiences, and certainly would be alert to the possibility of similar stresses in their own lives. This underlying feeling of mutual support was an element in the friendships that were found to develop over time through contacts with others in the group.

Another form of support identified was *esteem support*, when others let us know we are valued; this could be compared to Steverink & Lindenberg's (2006) social need, *status*. Clare had found her reward for her work leading the School for Seniors group in the appreciative remarks addressed to her by other members of the group; Brenda felt satisfaction at the happiness and sense of achievement members of her little craft class felt when they finished a project she had taught them.

*Informational support* – advice, suggestions and feedback in a new situation - was found not only in the classes where participants could listen to talks or learn new skills, but also in the informal social occasions, an opportunity for exchanges of views and information on a range of topics of mutual interest. Haslam et al. (2004) have shown that the impact of informational support varies as a function of the group membership of the support provider; membership of the group was found to be a source of information, verbal, or by observation and example, on the all-important learning to live well in the new third age lifestage.

*Network support* - where participants feel a sense of membership in a group that shares their interests and provides companionship - was observed in the social interactions of the groups: the cheerful chatting over morning tea, and the busy sharing and helping in the craft group. Service providers remarked on the support they had observed, when a group rallied round to give help and support to a group member who was ill or in need of help. And *instrumental support* – practical help between members was also found. Friendship and the building of trust among group members made it easier to accept help, as Liz accepted a lift after dark rather than driving herself to the meeting. Other instrumental help supported the running of the groups, as Joe took

on the task of counting the bar takings at the Bowls Club, and group members brought a plate of food to share for lunches and birthday teas.

Underlying all these forms of support was a sense of trust stemming from the continuity of association with others in the group. Helliwell & Wang (2011), finding that ‘trust is built on shared positive experience and nurtured by continued connections’ (p. 57) conclude that those who feel they are living in a trustworthy environment have much higher levels of wellbeing. It is clear that giving and receiving support of all kinds is an important element of third age wellbeing and one that is found in the groups in this study.

The other aspect of social support to be discussed is *Reciprocity*. For older people, the ability to give support as well as to receive it is especially important for feelings of wellbeing because it offers them a positive social role (Stevens, 1992; Warburton & McLaughlin, 2005). An examination in Scotland of low-level or everyday help and support (Anderson, Brownlie & Milne, 2015) found that people used a range of strategies to manage the complexities of helping and being helped, including helping without appearing to help and accepting help as a way of ‘helping the helper’, suggesting that help or support cannot be separated from the relationships within which it occurs.

The studies of self-run mental health groups (e.g. Solomon, 2004) reviewed earlier (3.9) found that the expectation of reciprocal support and sharing is a characteristic of the peer-run groups, particularly when the participants are themselves under stress. Unlike care-giving, reciprocity in the group can be stretched across time and relationships (Anderson et al., 2015); it is a generalised type of reciprocity, not expecting a return in the same form or from the same people (Wentowski, 1981). However, the norms of peer-group membership create an expectation that individuals in the group will ‘do their bit’ especially in small groups where there is little room for social loafing (Brewer & Kramer, 2003). This was one reason found for the problems in the struggling Probus group, where some members were only passive receivers, not active givers.

The support provided by the groups was wider than within a family or even among a circle of friends. Several service providers - the church ministers, the hospital liaison officer and the Neighbourhood House manager –commented on how a group would work together when one member was ill, sharing out the caring tasks among members of the group. This broad support base could be seen as an unexpected bonus of group membership. In a finding very relevant to the current study, Rietschlin (1998) suggests that the decision to join a voluntary association, which is ‘motivated by the express purpose of these groups, may have the unintended effect of reducing psychological distress when subsequent stress occurs’ (p.353). Rietschlin’s study of voluntary association membership and psychological stress found that membership had a stress-buffering effect, which became ‘increasingly beneficial as stress levels rise’ (p. 352). In another study linking group participation to responses to stress, Haslam & Reicher (2006) conclude that:

Sustainable group life (and the sense of community that this provides) is central to both stress and social change because this determines ... whether the stress process as a whole is experienced as positive and enabling (eustress) or negative and disabling (distressing). (p. 1050)

The expectation of reciprocal support within the group was found to be in contrast to the participants' attitude to official assistance. Thomas (2009) found that one-sided help like the help an older person receives from health carers and other paid workers can reduce stress but can have negative effects on wellbeing by reducing the recipient's sense of competence and identity. However, this effect was not found in the current study; the thirteen interviewees receiving government-sponsored help at home – house cleaning and other services designed to help them 'age in place' (for which they paid only a nominal fee) – appeared to accept it as just a norm of age-related entitlement in today's world, like becoming eligible for the old-age pension.

### **7.2.3 *Participation in activities as a contributor to wellbeing***

Analysis of the groups responding to the questionnaire found two meaningful interests available through participation in a group (Table 6.1). One was through *individual pursuits* – the choice of a stimulating physical, mental or creative activity. Another way to find meaning and purpose was shown to be through *activities that benefit the community*, such as fundraising for a community cause, or joining a Landcare group working to improve the local environment. These two aspects of participation are now discussed. .

The study found that participation in *individual pursuits* was both a reason to join and a satisfaction in the actual activity. The wish to take part in activities was chosen by all the men (n=11) and 17 of the 24 women (71%). The findings on activities in the groups are now discussed in relation to recent studies of older people's motives for taking up activities and the types and purposes of the activities they choose.

An American study (Caro et al., 2010) explores older people's motives for taking up activities, identifying seven motives: 'seek challenge, avoid frustration, need income, seek mental stimulus, sociable, contentment and altruism' (p. 115), and hypothesising that older people might seek to advance in each of these domains. Caro et al. suggest that 'each of these dimensions may generate interest in multiple types of activities' (p. 118). The findings in the current study suggest that the reverse is also true: that the selection of one particular activity can be influenced by a number of reasons; Jane joined the Gentle Squash group for the sake of her health and because regular weekly sessions fitted her busy schedule, but she also enjoyed socialising with the other players and helping the leader to organise the group.

Another study from the United States examined the types and purposes of older people's activities. Flatt, Hughes, Documet, Lingler, Trauth & Albert (2015) drew on in-depth interviews with a purposive sample of twenty older adults to identify four types of activities – altruism, creativity, game and motion. Their activities appear to be similar to those identified in the current

study. *Altruism*, defined as ‘social activities that involved doing for others or providing a service in order to help’ has ‘volunteering, teaching, planning or organising for a social group’ (p. 117) as examples – all of them found in the peer-run groups. Examples of *creativity* include singing, painting, and crocheting – all found in the groups responding to the questionnaire. Flatt et al.’s *game* is defined as ‘social activities that involve playing games with varying levels of challenge, chance (winning or losing) and competition’ (p. 117) with both mental and physical examples: problem- solving, bowling, golf, and bingo. *Motion* equates to physical activities found in the groups, such as dancing, exercising, aerobics and Tai Chi.

Flatt et al. (2015) also identified four purposes of social activities: enjoyment, relaxation, stimulation and belongingness, and their implications for cognitive health. These purposes are also defined as ‘primary reasons older adults in our study participated in social activities’ (p.126) and could be seen as similar to the immediate reasons for joining a group found in the current study, particularly the importance of social interaction in the group.

The writer was especially interested in Flatt et al.’s (2015) use of the word ‘need’: the *need* for relaxation and the *need* for stimulation, and their recognition when discussing belongingness that ‘opportunities for meaningful interaction and a greater sense of belongingness may be important in late life’ (p. 127). Flatt et al. also made a brief reference to ‘Havighurst’s notion of adaptation to role loss [and] the need to belong and form new social attachments could be important in late life’ (p. 127). This appears to be looking at the underlying reasons why older people join groups, not simply the immediate reasons, but Flatt et al. do not follow up this idea. The current study aims to fill this gap in our understanding of older people’s wellbeing by exploring the suggestion that the ‘meaningful interaction and a greater sense of belongingness’ that Flatt et al. and others find that older people need can be found in any of the many peer-run groups – *because the groups have – consciously or unconsciously – been established for that purpose.*

The current study focused on the activities available in the peer-run groups, but participants also spoke of the role of other activities in their daily lives, with friends and family, in the house and the garden, walking, going to the cinema, attending church, caring for grandchildren. Menec (2003) found that, as life goes on, participation in a range of everyday occupations is associated with ageing well. Interviewees’ comments made it clear that participation in a peer-run group and its activities was part of a broad range of occupations of daily life which was contributing to the interviewees’ wellbeing.

This finding is in line with a critical review of the literature on social and leisure activity and wellbeing in later life (Adams et al., 2011) which found that ‘an engaged lifestyle is seen as an important component of successful ageing’ (p. 683). The review searched published studies that focused on older people’s social and leisure activities in 44 articles published between 1995 and 2009 which included a wide scope of ‘activity domains’ associated with subjective wellbeing, health or survival. The review concluded that ‘informal social activity has accumulated the most evidence of an influence on wellbeing’ (p. 683). Adams et al. also found that older people’s

activities range over a wide variety of domains; this is consistent with research discussed earlier into older people's views of successful ageing as multidimensional, for instance, Phelan et al. (2004).

Adams et al.'s (2011) review is very valuable to the current study because it is one of the few to make reference to the next step - identifying *where* these activities are held. The review makes 18 mentions of possible group activities found in the 44 studies, for example, 'participating in clubs or organisations'; 'study circles or courses'; 'hobbies/crafts'; and 'out-of-home community participation' among the many domains of social activity in older age.

#### **7.2.4 Finding meaning and purpose**

The other meaningful interest available through participation in a group was shown (Table 6.1) to be through *activities that benefit the community*, such as fundraising for a community cause, or joining a Landcare group working to improve the local environment. The wish to find meaning and purpose in life was given as a reason to join a group by all the men and two thirds of the women interviewed.

A study of retirement from paid work (Savishinsky, 2001) found that in retirement, 'other passions and purposes come to the fore' (p. 52). A 'purposeful life or sense of meaning' is one of the dimensions of wellbeing in older age (Hoyer & Roodin, 2003, p. 132), and has been identified as an important need in a number of studies of older people (Greenfield & Marks, 2007; Cummins, 2008; Diener et al., 2009). Gergen & Gergen (2003) comment that 'the sense of being useful and productive is satisfying at any age, but especially when other employment opportunities have ended' (p. 206).

Several of the groups responding to the questionnaire were for the purpose of volunteering, in the sense of helping the wider community, as the Cancer Auxiliary in Clearview worked to raise money for the local hospital. Erikson et al. (1986) call older people's investment of time and energy into caring for others *generativity*, identifying it as a characteristic of the seventh stage in their scale of lifestages. Generativity is an incentive for older people to volunteer their help because it gives them an opportunity to maintain and even better the world and to leave positive legacies for future generations (Warburton, 2014). Generative acts were among the activities mentioned by participants, not only in caring for grandchildren but in wider intergenerational contributions, as Bob was mentoring 'problem' schoolchildren. Preserving and handing culture and tradition is a particular role for older people; Bess had visited the local school and talked to the children about the history of their neighbourhood. The Landcare groups' work weeding, planting and preserving the natural environment is another example of generativity found in Clearview.

Generativity appears to be a characteristic of older people generally. A study of older people in four different Asian and European cultures (Hofer, Busch, Au, Polackova, Tavel et al., 2014)

found examples of generativity in all four. Moreover, generativity was found to be associated with meaning in life and personal feelings of ‘successful ageing’.

The other kind of volunteering identified in the findings is the contribution of members’ time and energy to the group. Participants were found to enjoy the opportunity for working on behalf of others in the group; phrases like ‘*involved*’ and ‘*make a difference*’ and ‘*a worthwhile venture*’ point up the agentic involvement of many of the participants in purposeful activities on behalf of the group. This finding is supported by other research. For example, Turner (1982) identified volunteering in the group as a characteristic of intra-group relations based on ‘the perception of ‘we-group ties ... dependent on a common social identification’ (p. 31). A feeling of shared identity, that is, ‘a sense of connectedness or a categorization of another person as a member of one’s own group’ has been found to have the effect that people are more likely to help another ingroup member in emergencies (Dovidio, Piliavin, Gaertner, Schoeder & Clark, 1991, p. 102).

There has been discussion on whether there is a distinction between being an active participant in a voluntary group and volunteering (Taghian et al., 2012). Wilson (2000) questions whether people who help maintain an association they belong to should be counted as volunteers because the public good created is restricted to fellow members, but he sees ‘no convincing reason to rule out such activities’ (p.216).

This study argues that volunteering in and for the group is important for a number of reasons. First, *voluntarism*, the free choice of members of which group to join and the extent of their involvement, was shown (6.3) to be one of the essential enabling factors for the creation and continuance of the peer-run groups. For the individuals choosing to contribute to the group, as leaders or as helpers or in other ways, there are perceived benefits. Helping others benefits both the receiver and the giver; volunteers in any sphere have been shown to have higher levels of wellbeing (Cummins, 2008; Greenfield & Marks, 2007). The current study suggests that the circumstances of many of the older people involved show there is a particular value and importance for one person needing help to deal with stress or to adjust to life changes to receive that help from another in similar circumstances; this is supported by the studies into the support within the mental health groups (Solomon, 2004; Swarbrick et al., 2009).

It is further suggested that, particularly in an older people’s group, members are contributing to the group simply by choosing to be there, as in the effort that a disabled member like Janice and an ailing member like 92 year-old Chris made to get to their group meetings, even though they no longer played an active role in the group. They were demonstrating their belief in the benefits of belonging to and supporting the group and setting an example to the other participants.

#### **7.2.5 *Pleasure in participation***

Pleasure was not among the findings that participants gave as an explicit reason for joining a group but observation of participant groups and participants’ own words – ‘*enjoy*’, ‘*have fun*’, ‘*laugh and talk*’ point to the enjoyment they feel in the informal socialising and the satisfactions

of the group activities. A study of community organisations by Karr & Meijis (2006) found that in small, membership-managed groups, ‘enjoyment-based motivation’ is linked to ‘obligation-based motivation’, in other words the fun and friendships in belonging are as important as helping others (p. 170).

George Vaillant, in his book based on the Harvard Study of adult development (2002), lists ‘four basic activities that make retirement rewarding’ (p. 224). One of these is ‘play’:

Play provides a wonderful magic that is especially suited to retirement, for play permits a person to maintain self-esteem while giving up self-importance. ... Besides, play makes retirement fun. (p.224)

This chapter has traced links between interviewees’ reasons for joining a group and their understandings of the concept of wellbeing and related the findings to current literature. It now links the findings to a theory seen to offer an explanation.

### **7.3 Exploring the theory of wellbeing as the satisfaction of needs**

The findings that participants saw their various reasons for joining a group as the fulfilment of a perceived need, and that they interpreted their satisfactions of belonging to the group as ‘wellbeing’, are now considered in the light of a theory that interprets wellbeing as the satisfaction of needs: Self-Determination Theory (Deci & Ryan, 1985, 2000).

Self-Determination Theory (SDT) developed from Maslow’s hierarchy of needs (1943, 1954, 1982) and Bradshaw’s four dimensions of needs (1972, 1994). As outlined earlier (3.5), SDT employs the concept of innate psychological needs derived through the evolution of living beings:

People will tend to pursue goals, domains and relationships that allow or support their need satisfaction. To the extent that they are successful in finding such opportunities they will experience positive psychological outcomes. (Deci & Ryan, 2000, p. 230)

SDT recognises three fundamental psychological needs: *competence*, *relatedness* and *autonomy* which amount to ‘the experience of integration and freedom’ (p. 231). These three needs can be satisfied in different ways depending on the individual, but Deci & Ryan find that satisfaction is essential for wellbeing.

This study suggests that the findings on the participants’ reasons for deciding to join a group and the satisfactions they experienced can be related to Deci & Ryan’s (2000) psychological needs. *Competence*: in the many different opportunities on offer to achieve and practise knowledge and skills in a chosen activity; *relatedness*: the importance of social interaction: ‘the tendencies to cohere with one’s group, to feel connection and caring’ (Deci & Ryan, 2000, p. 253); and *autonomy*: the governance of the group by and for its members that enables the group to satisfy their needs.



Deci & Ryan (2000) further recognise that many behaviours are specifically aimed at satisfaction of basic needs, particularly when little satisfaction has been forthcoming: ‘Hungry people act to get food, pained people act to get relief, and all behaviour can be traced back to disequilibria’ (p. 230). However, this motivation only arises when a need is perceived:

When lonely, people may explicitly seek out companionship. ... But when people are experiencing reasonable need satisfaction, they will not necessarily be behaving specifically to satisfy the needs. Rather they will be doing what they find interesting or important. (Deci & Ryan, 2000, p. 230)

The findings in the current study show that the manifest function of the groups is to enable participants to spend their time in the group ‘doing what they find interesting or important’. But the findings also show that there is a latent function: to help participants cope with ‘disequilibria’ – an imbalance consequent on changes in personal and social circumstances in older people’s lifestyle transition and their life in the third age.

Other research has suggested that people feel more satisfied with life if their satisfaction derives from multiple life domains, because there is a limit to the satisfaction one can derive from a single domain. Sirgy & Wu (2009) describe this state as ‘balance’ – ‘satisfaction or fulfilment in several important domains with little or no negative affect in other domains’ (p. 185), because ‘different life domains tend to focus on different human needs’ (p. 194). The importance of balance in life is endorsed by Diener et al. (2008) in their finding that many resources, including hours of social time, show a decline in utility just as money does.

It is argued that the theory of wellbeing as the satisfaction of needs in a number of life domains can be applied to the findings on older people’s wellbeing derived from participation in a community group. For instance, the variety of choice between groups in the area, the extent of personal involvement in the activities of the group, and the membership of a number of different groups for different satisfactions, as Lottie belonged to a church group, a Tai Chi class, a painting group and more.

This study does not claim that participation in a peer-run group is a panacea for all the problems of older age; ideally group participation is one of a wide range of activities which older people enjoy, as the studies outlined in Adams et al.’s (2011) review showed. Participation in a group should take its place alongside other aspects of older people’s daily lives in helping to create feelings of wellbeing, which in any case tends to be higher after the age of 50 (Stoll, Michaelson & Seaford, 2012). As Bob said, *‘It’s all part of a rounded lifestyle’* (M 78).

This study does however argue that **participation in a group run by older people for themselves and their peers can provide a range of satisfactions that may not be found in other settings, circumstances and life stages. It is further argued that by fulfilling older people’s manifest and latent needs, the groups are a readily available source of wellbeing, the potential of which is not yet generally recognised.**

#### 7.4 Group participation in relation to perceived needs

The chapter now discusses older people's underlying needs identified in the study, and offers a suggestion as to how the groups are able to satisfy them. The characteristics of peer-run groups (as identified in Chapter Six in response to Research Question One) are examined in relation to the impact of group participation on older people.

All the participants were happy to talk about their families, with many reminiscences of children and grandchildren. It was clear, however, that family roles and relationships had changed. Several participants spoke of receiving family help for jobs they could not do themselves, like tending the garden, but as Sally, widowed and living alone, said, she was reluctant to accept help. The reason Sally gave: *'they've got their own chores to do'* disguised what emerged as the real reason, her desire to maintain her independence. Other participants chafed at the restrictions imposed on their lives by loss of physical capacity; Liz found it very hard to reach up to hang out the washing on the line for herself, but she was determined not to ask for assistance even though she had relatives living next door.

This desire for independence echoes other findings on older people's views of their wellbeing. In another follow-up to their 2003 survey of older people in the United Kingdom, Bowling and Gabriel (2007) found that 'the freedom to do things they wanted to do without restriction' (p. 827) was important to older people's feelings of wellbeing. Even their main reason for wishing to maintain their health was because; 'health gave life quality, related to being free to do what they wanted to, the lack of restrictions in domestic and social activities, and deriving pleasure and enjoyment from life' (p. 837).

Independence in older age has been related to feelings of self-esteem (Harms, 2005). The wish to maintain independence and control over important aspects of one's life was found to explain why volunteers tend to have higher levels of wellbeing (Cummins, 2008), because giving to others is a way to continue to contribute to society.

The underlying incentive to hold on to one's independence would appear to be the desire to retain the agentic role of adulthood rather than the passive acceptance often associated with old age. Diener et al. (2009) found that their research was 'unambiguous' in showing that happiness seems to grow 'less from the passive experience of desirable circumstances than from involvement in valued activities and progress toward one's goals' (p. 153). The current study found that active agency was important to the leaders and helpers in the participant groups.

Feelings of independence can be threatened in older age by loss of personal capacities; a reduction in health or physical abilities is one of the most common factors influencing the age at which Australians decide to retire from paid work (ABS, 2016). External influences can be another threat. One example can be the opinions of health professionals, as with the well-known 'disability paradox' (Albrecht & Devlieger, 1999) –the mistaken belief that people with functional limitations have greater problems achieving wellbeing. The service providers who

were in contact with older people's groups were found to be careful to preserve their clients' independence as far as possible. The volunteer liaison officer for the hospital took a positive and respectful attitude towards the auxiliary groups and their money-raising efforts; she recognised that although a cake stall is not the most effective way to raise money, it was important to the ladies in the group to do what they could do best.

It is argued that the older people's peer-run groups in this study give their participants opportunities to maintain their *independence*, and with it their identity and self-esteem, which they might not find elsewhere. At the same time, participation in a group and sharing interests with others in the same lifestage gives opportunities for both receiving and giving *support*. The peer-run groups also offer many opportunities to learn the *means to cope* with the transition to an older lifestage. The findings in the current study are similar to the many studies into the functioning of the self-help groups in the mental health sphere outlined earlier (3.9). The participants were empowered by the ability to make their own decisions, while having access to support from similar others and access to information important to their wellbeing (Swarbrick et al., 2009).

The study now offers a suggestion as to *how* older people's peer-run groups are able to offer opportunities for these underlying needs - independence, support and coping strategies - to their participants.

The suggestion draws on Atchley's Continuity theory (1989) which argues that in making adaptive choices, older people attempt to preserve and maintain internal and external structures, preferring to do so by using strategies tied to their past experiences and their social world. 'Change is linked to the person's perceived past, producing continuity in inner psychological characteristics as well as in social behavior and in social circumstances' (p. 183). Similarly, Tanner (2007) found: 'Threads of continuity between past, present and perceived future lives seem ... to be one dimension of 'coping' – supporting a coherent sense of self' (p. 16).

Taking Continuity Theory as its guide and Laslett's life stages as an analytical framework, this study now argues that many of the characteristics of older people's peer-run groups identified in this study are derived from the characteristics of earlier life stages. These are here described in terms of Laslett's (1991) first and second ages, adapted and modified to the new circumstances of older age. It is argued that by incorporating these characteristics into the third-age groups, participants can experience the reassurance of continuity in their lives while adapting to personal and environmental change.

## **7.5 The continuity of second age characteristics in older people's groups**

Many of the characteristics found in the groups in the study reflect the patterns previously established in the lifestage immediately preceding, the time of responsibilities in paid work and parenthood that Laslett calls the second age. Long before Laslett proposed the third age (1989),

proponents of Activity Theory suggested that successful ageing means the maintenance, as far and as long as possible, of activities and attitudes of middle age (e.g. Havighurst et al., 1968).

Paid employment dominates the second age, the longest of the four ages. Characteristically, paid work provides: 'a plurality of functions and rewards, including purposeful activity, sociability, status and material gain ... and a series of routines giving structure and meaning to people's lives' (Barnes & Parry, 2004, p. 219).

This study suggests that many of the characteristics identified in the groups are similar to those in paid work as listed by Barnes & Parry (2004), and that the continuation of these 'work-like' characteristics, albeit in a modified form, helps older people to maintain familiar life structures while adjusting to their new life stage. The study now discusses these characteristics and their perceived continuation into the culture and structure of the third age groups.

*Purposeful activity:* this example of the continuation of second age characteristics was found in the need to feel and be useful that group participants expressed as a reason to join a group and which they satisfied by giving their time and energy to achieve group and personal goals. All the participants had led active lives in their second age: *'I'm a doer, not a sitter'* (F 80). All the men and most of the women had been in paid work through their adult lives; inquiries about previous occupations revealed a wide range: teaching, retail, office, factory floor, and different branches of health care. The groups in this study would not exist if older people did not feel the need to continue to be active and agentic.

The purposeful activities contributing to the group were very varied, including teaching a skill to others in the group, organising interesting speakers for the 'talk' groups, and administrative tasks to help the group run smoothly. Hoyer & Roodin (2003) have shown that the work ethic can translate in older age into a 'busy ethic' where satisfactions with retirement are directly proportional to the number of activities in which older people are involved. However, simply being active in retirement is not always enough – as one service provider said: *'You can't play golf for the next 30 years'* (SP 10). Participation in a group is an opportunity to transfer or channel the work ethic into productive and personally meaningful activities.

A study of recent retirees (Nimrod, 2007a) named this characteristic *essentiality* - taking part in activities because it was important both to the participants and to their environment. Nimrod's study showed the perceived benefits of essentiality to group participants, with quoted statements such as: 'I like being of help to others', and 'I like developing a skill' (p. 74). These sentiments were echoed in the current study. Marilyn had found that: *'You've got to have some sort of purpose once you've finished your working life'* (F 73).

Participants also found many different opportunities for volunteering within the group, using the skills and experience they had developed in the paid workforce and adult life. Zimmerman (2000) describes these groups as 'empowering organisations' which 'require leadership, resource

management and coordination of activities' (p.51), giving their members opportunities to use their experience and maintain a sense of personal control.

*Status:* In a group run by its members, there are role obligations that can satisfy the need to be busy and useful (Rotolo, 1999; Cutler & Hendricks, 1990). This is particularly the case in a small group, where 'social loafing' can have a noticeably negative effect compared to the effect in a large group (Liden, Wayne, Jaworski & Bennett, 2004; Karau & Williams, 1997). The expectation that members will 'hop in and help' was very noticeable in the small groups, but all the groups in this study needed their members to share in the tasks and be involved, to carry out the chores as well as the organisational roles. These behavioural niches (Darley, 2004) convey status - opportunities for a member to feel and be useful to the group and to be viewed by others as a valuable group member. Volunteering one's services is a way for people who have left paid work to win others' esteem and to feel self-worth (Mutchler, Burr & Caro, 2003).

*Continuity and commitment:* Another work-like characteristic identified in the groups is the routine and regular involvement. Continuity theory has been used to point out the tendency for many people to maintain the same preferences and patterns of activities as in middle age (Gubrium & Holstein, 2003a; Agahi et al., 2006). The current study found that so long as they were satisfied with their experiences in the group, participants were likely to continue belonging, often for many years; Bess had belonged to the Historic Society 'off and on' for 40 years, and the president had held the position for ten years. When asked why they might stop coming, the reason most often given, by 39% (n=14) of group members, was if poor health were to prevent them. Ten participants (28%) could not think of any reason they might stop.

This finding is consistent with research suggesting that older people continue their previous patterns of engagement as an adaptive strategy for as long as they are able, certainly into their mid-80s (Hendricks & Cutler, 2004). Recent research in the United States, part of the Louisiana Healthy Aging Study (Cherry et al., 2013) agrees with Hendricks & Cutler: older adults in their study were found to be five times more likely, and the oldest-old twice as likely to report membership in more than six clubs and social organisations than younger adults – a result that Cherry et al. (2013) describe as 'surprising'. Other research maintains that membership of voluntary organisations declines after a mid-life peak (Chambre, 1993; Rotolo, 1999, 2000), except in religious affiliations (Gray, 2009). Other factors too, such as age-discrimination, have been suggested as reasons for decreasing membership in old age (Cutler & Hendricks, 2000).

A possible explanation for these inconsistent findings on participation is that the organisations examined in these studies were volunteer organisations with a mixed-age membership, so they cannot be compared with the peer-run age-homogeneous community groups. The current study, focusing on groups with a single age-cohort membership, found that the groups are deliberately designed by their members to cater for declines in personal capacity and to encourage their members to remain part of the group for as long as possible. Strategies used by the groups were

shown to include the time and place of meetings, adapting the activities, and the emphasis on providing opportunities for informal social interaction, social eating, and fun.

Participants also commented on the value they felt in having a regular pattern of commitment to a time and place (as is found in the paid workplace), giving regular commitment as one of the reasons for joining a group in contrast to casual meetings with family and friends. The pattern of weekly or monthly meetings encouraged group members to make an effort to attend even if *'sometimes you have to push yourself to go'* (F 86). This is consistent with other research; Toepoel (2013) in her study of leisure activities found that hobbies which are undertaken regularly are the most important indicator of an individual's number of social interactions and so of social connectedness.

The current study shows the importance of having a suitable meeting place away from home where people could take part in an activity, as previously they would have gone out to a paid job in the office, school or factory. This was often expressed as a desire to *'get out of the house'*, though this was now a voluntary choice. Several groups had met in people's homes when they first started, but as time went on and numbers grew, they looked for another 'Participation Space' (Randell, 2004), a 'Third Place' (Gardner, 2011), of accessible neutral ground. Peace et al. (2006) have shown that moving away from the anchor point of familiar surroundings 'in order to return to it re-energised by the change' is an important part of an older person's routine:

Most older people ... relish the pleasures and challenges of life beyond the home and strive to maintain for as long as possible their independence and ability to get out and about. (p. 201)

### **7.5.1 *Freedom of choice as a third age bonus***

Activities in the groups have similarities to previous activities in the paid workforce but they come with a third-age bonus: greater freedom of choice. For many older people, their third age is the first time in their lives where they can enjoy an extended period of free time, with modest demands on that time, and generally a reasonable standard of health (Caro et al., 2010). They want to keep busy, but to choose how they do it. So third agers look for leisure activities - 'those activities one does during unobligated time' (Sperazza & Banerjee, 2010, p. 202).

*All* the activities offered in the groups in the study are 'leisure activities', that is, 'enjoyable and personally relevant experiences' (Hutchinson et al., 2003, p.144) for those no longer in the paid workforce, in keeping with the third age characteristic of personal achievement and fulfilment (Laslett, 1991). The groups can offer similar satisfactions to those respondents had found in earlier life, but revise or adapt the activities to suit their members' social interests and physical capacities: 'Gentle Squash' for Squash; 'Walk and Lunch Club' for hiking and bushwalking. There are also opportunities to learn new skills and try them out in a friendly, supportive atmosphere.

Study participants expressed their satisfaction with their involvement with activities in the group, interpreting their satisfaction as ‘wellbeing’. Other studies too have found that leisure activities have a positive impact on feelings of wellbeing, satisfying the desire for intrinsic reward, the pleasure and fulfilment of doing something for its own sake rather than for its instrumental value that makes for quality of life (Wrzesniewski et al., 2003).

This study argues that the terms ‘leisure’ and ‘leisure activities’ are an inadequate description of the lifestyle and occupations of those no longer in the paid workforce, particularly now that the *third age* after leaving the paid workforce can be reckoned not simply in years but in achievements. The takeover of the term ‘work’ to mean only ‘paid employment’ was noted earlier (2.3.2). A study of older people’s activities in New Zealand (Wright St-Clair, 2012) found that ‘doing what matters’, that is, being engaged in their own choice of an occupation or activity can have a very positive effect on older people’s feelings of wellbeing.

The freedom to choose among many appealing activities can be seen a pleasant change from the demands and constraints of the paid workplace and can help to compensate for loss of choice and control in other life areas such as health and income. This freedom to choose, not just what activities to pursue but the extent of one’s involvement, helps to explain the number and variety of specialist groups that have grown up in the research area, and the number of groups individual participants had chosen to join. Other studies (Haworth, 2004; Deci & Ryan, 2008) have shown that this freedom is one of the principal values of leisure for older people, whose freedom of choice can otherwise be restricted by personal and environmental losses (Holmes & Rahe, 1967).

### **7.5.2 *Personal control and group self-governance***

The continuation of second age characteristics found in the groups is reflected in the previously identified characteristics of the groups, that is, the adult characteristic of control and management of one’s life and the maintenance of independence. In the groups in the study, these characteristics were expressed as self-governance.

*Self-governance:* Like a business organisation or other workplace, the groups in this study have their own independent management structure. The findings showed that these groups are run by their members, through an elected committee, or in the smaller groups by informal sharing of responsibilities among participants. Self-governance is also the motivating principle of the Men’s Shed movement catering for men in retirement, where: ‘the most important thing is that the men jointly have a say over what happens in the shed’ (Golding, 2011, p. 31).

Governance in informal and semi-formal leisure groups, where participation is a matter of choice rather than economic necessity, calls for a different style of governance from the paid managers of business in the second age; the findings from the interviews and the questionnaire showed that members expected their committees and organisers to be responsive and consultative rather than hierarchical. The groups each had its type of self-governance devised by the members, with leaders selected from among the members, and these leaders were valued for their ability to

enthusiase and include others in the activities of the group. It is notable that organisers of four of the nine groups from which interviewees were drawn had been school teachers, with long experience of guiding, leading and inspiring others.

Another of the identified characteristics of the groups can be seen to contribute to their self-management. *The single age cohort* – all or most in their third age - was found to be important for maintaining norms and values common to that cohort. Scott (1987, p.291) describes this kind of governance as one where: ‘The organization relies primarily on an informal structure and on individual participants’ embracing of common norms and values that can orient and govern their contributions.’ Governance by the peer group was an assurance that the culture and activities of the group would reflect the members’ interests and capacities.

In the groups’ relations with outside bodies, *independence* and self-determination take on greater importance when groups feel themselves threatened with interference from outside, however well-meaning. The studies of mental health self-help groups have shown that retaining control over the functioning, goals and ultimate destiny of the group is central to their successful functioning (Solomon, 2004). Holter, Mowbray, Bellamy, MacFarlane & Dukarski (2004), reporting the results of a national survey of consumer-run services in mental health, noted the critical value of consumer control, consumer choices and opportunities for decision-making. A study of Consumer/Survivor Initiatives (CSIs) in Canada, that is, mental health groups run by their members (Janzen et al., 2007), describes the threat of a ‘power differential’ between the group members and others, in this case the official mental health services. It found that, like other consumer-run organisations, the groups strove to ensure that the system and policies were directed by the perspectives of the members.

Findings from the interviews and observation of meetings of the participant groups confirm that these groups can conduct their meetings and run their affairs to the satisfaction of their members and would not expect outsiders to intervene. Kathy of the craft group indignantly recalled problems with a representative of the organisation owning the building where the group met: ‘*she thought she was coming to help run it and tried to tell people what to do*’ (F 74). Some service providers found this autonomy strange – one muttered that she had found the groups ‘*fiercely independent*’ (SP 7). Other service providers admitted they knew very little about the self-run groups and that their involvement with ‘older people’ usually started only when individual clients needed their professional help.

This study did not find evidence of an open power struggle between the respondent groups and authorities such as the difficulties encountered by some self-help mental health groups (e.g. Easton et al., 2007). On the contrary, service providers were supportive, for instance in sharing the groups’ views on the value of social interaction and inclusion. But comments by some service providers on government policies on funding priorities for health and learning (discussed earlier, 6.7) were an indication that the continuing independence of the self-run older groups and their reliance on outside assistance could be under threat.



To sum up this section on the presence of Second Age characteristics in the groups: the persistence of patterns of activities and commitments from the world of paid work, modified to suit changed personal and environmental circumstances, appears to help group participants retain feelings of control and purpose in their new life stage. The study found examples of incentives to participants to join: purposeful activity, opportunities to achieve status, and for continuing commitment, such as can be found in paid work. The study also found a bonus that can help to compensate for losses in other spheres of life – the greater freedom to choose, not only which leisure activities to take part in, but how much time and energy the participants wish to spend.

## **7.6 The continuity of first age characteristics in older people's groups**

This study argues that Atchley's theory of change in a context of continuity can also be applied to other characteristics found in the groups. Several of these characteristics appear to reflect the experiences of the earlier life stage that Laslett (1991) calls the first age: the time of childhood and adolescence, the time of family support and comfort, of friendship and socialisation, of the reassurance of continuity, and of learning and acculturation in preparation for the next lifestage - adulthood.

Reasons the participants gave for choosing to join a group which can be linked to the experiences of the first age include social support and an emphasis on building social relationships; a culture of norms and expectations; and opportunities to learn skills and adopt attitudes that lead to fulfilment in the current and the next life stage. It is suggested that the presence of these characteristics in older people's peer groups can give participants the support, reassurance and guidance they need in the transition to the third age, in living well in the new lifestage and in facing the challenges of decline in old age. Erikson (1982) writing in his own old age about the final stages of life, found that:

All the strengths arising from earlier developments in the ascending order from infancy to young adulthood (hope and will, purpose and skill, fidelity and love) now prove, on closer study, to be essential for the generational tasks of cultivating strength in the next generation. For this is, indeed the 'store' of human life. (1982, p. 67)

*Support:* Childhood psychologists (e.g. Bowlby, 1969, 1973) and child specialists have emphasised the importance of warm and supportive relationships for a child's healthy development. Adults, too, have been shown to have a need to belong (Baumeister & Leary, 1995). Lambert, Stillson, Hicks, Shaumukh, Baumeister & Finchum (2013) have shown that having a sense of belonging enhances meaning in life. Older adults are particularly vulnerable to feelings of loneliness and social exclusion because of changed personal and social circumstances; in these adverse circumstances they are likely to report higher rates of morbidity and mortality, higher rates of infection, depression and cognitive decline (Cornwell & Waite, 2009; Cacioppo & Hawkley, 2009).

The study found that the perception that support was available in the group when needed was a reassurance in times of stress and change, such as illness or family loss. June found great comfort in the knowledge that her church group were thinking of her as she waited for a diagnosis of her illness. This finding is consistent with Taylor, Sherman, Kim, Jarcho, Takagi & Dunagan's (2004) argument that: 'It may be helpful and comforting to know that there are others who care for you' (p.355). Participants spoke about giving support of different kinds to each other: comfort in times of stress such as bereavement – '*I think it helps you cope*'; or instrumental help - being shown how to do an embroidery stitch, or given a lift to a meeting.

Accepting support from others in the groups was made easier by the age homogeneity in the peer groups, the shared interests and the ties of friendship. This support was similar to that found in the self-run mental health groups, where the helpers had similar problems to those being helped (Salzer, 2002). The mutual support to be found in the peer group, where 'members identify with the experiences, emotions and reactions of fellow members ...sharing information and drawing on the collective wisdom of the group' (Bell et al, 2010, p. 142) offers mutual respect as well as support.

In receiving support within the group there was an expectation that help would be reciprocated – to the group if not to the individual; participants were expected to give a hand with the jobs associated with the smooth running of the group. A willingness to help gave a welcome feeling of being needed and esteemed – as the group leaders found their reward in the appreciation expressed by group members: '*That's enough to make you think – this is worth doing*' (F 65). This finding of the self-worth associated with helping is supported in other studies. In a study of older people in Canada, Narushima (2005) adopted the phrase 'Payback time' - reciprocating for support received - which is similar to how the study participants saw their obligations to their group.

As with the different roles in a family, members of a peer-run group are expected though not pressured to play their part in contributing their efforts to the group and each other. This was the culture observed in the current study: informal 'giving a helping hand' as well as the more formal roles of organiser or treasurer. Social norms in the group have been shown as a motive for helping, because people learn from others' behaviour that helping is the socially appropriate response (Penner et al., 2000). Collective social participation - sharing their resources of time, and special abilities and competencies rather than passively accepting – was shown to be an important part of the culture in groups surveyed in the Berlin Aging Study (Bukov, Maas & Lampert, 2002).

*Learning through socialisation:* Just as childhood and young adulthood are important times for learning the norms of culture and behaviour in order to become part of a social community, the peer-run groups were found to influence their participants' adaptation to their new life stage through the opportunities to learn from others in the group.

*Participation* or ‘the process through which members acquire, share and combine knowledge through experience of working together’ (McGrath & Argote, 2004, p. 330) was found to be the basis of the learning in the group. Sfard (2008) describes the process as: ‘Learning a subject is conceived of a process of becoming a member of a certain community, so that learning is viewed as a process of becoming part of a greater whole’ (p. 33).

Learning in the peer group was found to have other characteristics that distinguish it from formal education. One was *peer learning*, a participatory, interactive and horizontal style of learning, where a person can be a tutor in one class and a learner in another. The study also found instances of *informal learning* - discussions with other members of the peer group (Maton, 1989). Informal interchanges were found to be a common way to obtain information in the older age group. This learning can take place in ‘hybrid spaces’, even in ‘non-productive’ places like the tea room, through informal interactions between participants (Solomon, Boud & Rooney, 2008).

*Observation*: Another way of learning found in the peer groups was by example, by observation of respected role models. Group leaders especially were seen to have an important influence on the culture and activity in the groups; they set the tone for others to follow: ‘*When people are having fun and doing interesting things, other people swarm around*’ (SP 4). This is similar to the studies of the self-help mental health groups which found that the peer providers acted as role models as well as tutors (Salzer, 2002; Solomon, 2004). Learning and counselling from those accepted by the group as role models increases its acceptability (Bratter & Freeman, 1990).

Interaction in the peer group also encourages the *diffusion of innovation* to the others. Some of it is in the passing on of skills – the ‘snowball effect’ where those already practising an innovation influence those who do not (Rogers, 1962). Information transfer tends to rely on influential members of the group (Johns, 2007); much of the innovation comes from opinion leaders, often the president, as an alderman had observed: ‘*In any group there’s one or two people who will work and make it happen, and the rest sort of join in*’ (SP 8).

‘People may need to learn how to be aged as they once had to learn to be adults’ (Blythe, 1979, p. 22). The findings on learning in the groups reinforce the argument in this study that the self-run peer groups are an effective and readily available resource for learning the strategies for wellbeing in the third age.

*Friendship*: In the current study, ‘social/meeting people’ was the reason all the participants gave for deciding to join. Joining a specialist group – bowls, crafts, Landcare – is an opportunity to meet people with similar interests and enjoy a chosen activity.

Socio-emotional selectivity theory (Carstensen, 1992; Carstensen et al., 2003) showed that emotional closeness increases in importance in older age. When family ties change and adult children leave home, it is necessary to create new friendship networks: ‘Friends are the family we choose for ourselves’ (Fincham & Weber, 2000, p. 160). Friendships in the peer group can

replace the lessening or loss of family support with a 'convoy' of people of similar age, with similar life experiences and an awareness of age-specific issues (Johns, 2007). Next to being self-reliant, maintaining relations with one's friends becomes a major goal as people grow older (Atchley, 1989).

The transition to the third age also means the loss of daily contact with work colleagues. In his list of basic activities that make retirement rewarding, Vaillant (2002) suggests that: 'First, retirees should replace their work mates with another social network, just as they should replace their dead parents and deceased companions with new friends' (p. 224).

It was found that all the groups, whatever specialist activity they offered, responded to the search for social interaction by providing many opportunities for informal contact among members. Analysis of the responses to the questionnaire found that every group arranged purely social events: excursions, lunches, functions for special occasions such as Christmas, in addition to the almost universal break for morning tea. Social eating was found to be a feature of many groups; several groups had social eating as their main purpose. This ritual of eating together, or as Hugh Mackay (2014) calls it, 'grazing with the herd' - can be seen as a reflection of comforting 'family' occasions, reinforcing feelings of belongingness in the group: 'Given that our nature is essentially *social* ... we show our interdependence through the sharing of food' (Mackay, 2014, p. 95):

Communal eating is one of the most basic of all the symbols of human companionship and connection, so is it any wonder that, when times are tough, eating together becomes an even more important source of solace and solidarity? (Mackay, 2014, p. 90)

*Continuity in a time of change:* The continuity in a group that, like a family, can survive through changes in organisers and members, can also be reassuring to older people trying to cope with change. Atchley found (1989): 'We find older people using familiar skills to do familiar things in familiar places in the company of familiar people ... this continuity is not a boring sameness for most but rather a comforting routine and sense of direction' (p.188).

Long-term social relationships – 'living in familiar environments and interacting with familiar people' (Atchley, 1983, p. 249) can also act as external pressures for continuity, as people try to fulfil the expectations of their friends and to conform to the norms of the group.

The study has shown how the context of familiarity and continuity within the groups can provide guidelines for deciding how to adapt to change. Meeting and eating together, doing things together, sharing and support when needed, have been identified as 'first age' characteristics of the older people's groups in the research area. This *mattering* – Owens' (2003) word for the feeling of joy in knowing we are important to others – is, this study suggests, a vital component of the wellbeing that older people can find in group participation when other life patterns have changed.

## 7.7 Chapter summary and conclusion

This chapter has traced the connection between participation in a group and individual wellbeing in older age, finding that the peer-run groups incorporate opportunities to experience the satisfactions that older people need and which are often lost or diminished in older age. Self-Determination Theory (Deci & Ryan, 1985, 2000), which interprets wellbeing as the satisfaction of needs, was cited in support. The components that contributed to older people's wellbeing were then traced to experiences in previous lifestages, and it was argued that the continuation of previous experiences can give older people the knowledge and the reassurance they need to maintain independence and find support in their new third age lifestage.

This finding of the link between older people's perceived needs, their decision to participate in a community group, and the satisfactions they find there, fills a gap in our knowledge of older people's wellbeing. The components of their wellbeing have been extensively researched, but there has been very little research into *the next step – where, when and how* they can most easily find opportunities to observe, learn and practise wellbeing, and to *continue* to find satisfactions through transitions and lifestyle changes.

This study draws the conclusion that older people's peer-run groups are an important community resource, but that their role in promoting the wellbeing of their participants is not yet fully recognised or valued by authorities. Perhaps it takes a long-time participant in these groups to recognise the transformative role they can and do play in many older people's lives.

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## Chapter Eight The role of older people's peer-run groups: Implications of the study

### 8.1 Introduction

This study has explored one avenue for satisfying older people's search for wellbeing by researching the groups they run for themselves and their peers. This chapter discusses the implications of the findings of the study. It concludes that these groups are the concrete expression of a new kind of older person – active, independent, neither older workers nor frail dependent oldies, but *third agers*. Their numbers are already large and are set to grow as more baby boomers make the transition to their third age.

Many different agencies are concerned with ageing and older people. In Australia, there are the three levels of government, with departments or officers at each level. There is also the wide spread of non-government organisations - health and welfare groups and voluntary services, day care centres, local churches, as well as the groups and associations that older people create for themselves. All these have a range of interests, responsibilities, policies and budgets. However, it was shown earlier (2.3.1; 6.7) that many government policies do not recognise the special needs of the third age. Funding for Adult Education is prioritised towards training or retraining older people for return to the second age, the paid workforce. Hospitals and care homes for the fourth age consume much of the health budgets, while preventive and community-based health programs face funding cutbacks.

The lack of recognition of the third age can be compounded by third agers' own attitudes of 'fierce independence' found in the study; there was reluctance to apply for a grant because it entailed not only difficult form-filling but the likelihood of outside interference – '*you can't do that and you can't do this.*' The third age groups were found to slip 'under the radar' of authorities because they simply wanted to do things their way, and some groups were reluctant to ask for help even when they needed it.

The basic dilemma is one that Laslett (1991) and others have commented on: that the recent rise and growth of the third age has made many ageing-related attitudes, policies and institutions unfit or irrelevant to a large and increasing number of older people, and new systems and above all new attitudes are slow to take their place. The variations between individuals in their transition from the second age to the third age is another complicating factor for policy makers. The study concludes that the potential contribution of the new age cohort to the commonweal has not been fully recognised or its components spelled out and discussed. The debate about the meaning of 'successful ageing' will continue.

These are large questions, too large for the scope of the current study. This study has focused on one under-researched topic, the role of older people's peer-run groups in the lives of their participants. This study of a sample of groups run by and for third agers in one local area can

shed some light on wider trends and expectations in ageing. The findings of this study show clearly that older people's peer-run groups play many valuable roles in the lives of their members, in their communities, and that their existence and prevalence in local communities has implications for wider society and the economy.

This chapter now comments more specifically on the implications of the study findings, offering a response to Research Question Three. It draws conclusions and makes recommendations on policy and practice relating to the role of the third-age peer-run groups in contributing to their participants' wellbeing. In other wider areas, where it is surmised that third agers and their groups can also play a role, the study offers some suggestions for policy and practice and some possible avenues for further research.

## **8.2. How the peer-run groups fulfil their role**

The study has shown that the participants' decision to join a group or a number of groups and the reasons they gave for choosing to join sprang from their conscious or unconscious recognition that they had needs that had to be satisfied, needs they were prepared to identify as 'wellbeing'. The literature (e.g. Bowling et al., 2003) shows and the findings confirm that there are several components common to older people's feelings of wellbeing, with their importance varying according to the individual and over time (Hoyer & Roodin, 2003). These components are important to older people because they are likely to have been lost or diminished in the transition to the new life stage of older age and need to be renewed or replaced.

The study also shows one way by which this satisfaction of needs can be achieved. Older people decide to join a group because they believe that participation will satisfy their perceived needs. This is the *next step* in our understanding of older people's wellbeing, and the study has shown how this comes about: *the characteristics and culture of the groups are designed by the members themselves when they create and run their groups*. Examination of the origins of the nine participants groups showed that they were created by their members to satisfy a perceived shared need – such as the need for social interaction in an isolated suburb, or for sharing personal interests with others, or to create opportunities for group activities such as playing sport or shared learning. The peer-run groups are the concrete expression of their third age needs.

These peer-run groups are perhaps *the only organisations for older people that are created entirely by and for older people*. Other organisations where older people are gathered, such as hospitals and nursing homes, are created and run by other people. These institutions themselves were often designed for a different purpose, and the changes in older people's needs and capacities with the growth of the third age make them increasingly irrelevant, unsuitable and incapable of satisfying needs for a large proportion of older people. As Atul, a physician writing about old age (2014), has said: 'This has been the persistent pattern of how modern society has dealt with old age. The systems we've devised were almost always designed to solve some other problem' (p. 71).

By contrast, the study has shown the peer-run groups to be a manifestation of the third age. When functioning at their best, the groups display the characteristics identified in the findings (6.2) as important in the third age. Three characteristics of the groups were identified as factors that enabled the groups to function successfully in their role of satisfying their participants' needs. *Voluntarism* – the participants' free choice of which group to join and the extent of their involvement was found to help compensate for personal and social losses in other spheres. The *self-governance* of the groups was shown to be both a compensation for loss and an opportunity to maintain independence. The shared *lifestage* of all or most of the group members enabled the groups to prioritise the needs, interests and values of the cohort and to cater for their capacities. The importance of these characteristics for feelings of wellbeing and empowerment is supported by the example of the peer-run mental health groups (Solomon, 2004; Swarbrick, 2007), another cohort of people determined to maintain their right to run their own lives.

In a finding of great importance to the wider implications of this study, a fourth enabling factor was identified – the *outside assistance* without which most of the groups would have been unable to function successfully or even to survive, and new groups would have a struggle to start. The study showed that some authorities such as the local municipal council in this study already recognise the valuable role the peer-run groups play, and that some service providers, particularly those in contact with groups, know that participation in a group has a very positive effect on their members' feelings of wellbeing. The implication of this finding is the accompanying need for the authorities to recognise that there are areas where the groups do need help – *in areas where the groups lack the resources they need to remain viable*.

The need most clearly identified in this study is the provision of suitable places for groups to meet, at a rent they can afford, with Public Liability insurance covered, and with access to facilities that encourage social interaction. The groups can then get on with their business in their own way, doing what this study has shown them best able to do. Other assistance identified includes publicity to help recruit more members, through publications, brochures or social media. Consultation with the groups revealed other needs: secretarial help, supplies of materials, for instance seeds, plants and tools for the Landcare groups, advice on topics relevant to a group's activities were all revealed in the study's findings.

Satisfying these needs presupposes there are outside bodies willing and able to help. In the current study, the local municipal council plays an essential role in providing meeting places that has enabled many groups in the area to start up and flourish. The findings have shown that when the peer-run groups had access to a meeting place at a rent they could afford, they preferred to run their own affairs, and made very few further demands, financial or otherwise, on outside assistance. But not all municipalities would have the necessary funding and infrastructure available, and it was shown in discussion with health and education officials that their departments were not funded to supply third age needs. It would seem that until an overall policy on intervention in the third age has been created and funding allocated, outside support for the groups will remain a matter of local and ad hoc decisions.



### 8.2.1 *Independence and support in the third age*

Continuing the discussion of the implications, this study argues that the findings on the role of their participants' wellbeing are significant because they show that the peer-run groups put into practice the basic human rights set out in the WHO Policy Framework on Active Ageing (2002):

Active ageing policies and programmes recognize the need to encourage personal responsibility (self-care), age friendly environments and intergenerational solidarity. ... At the same time supportive environments are required to make healthy choices the easy choices. (2002, p. 17)

This study finds that older people's peer-run groups offer their participants opportunities to experience both personal responsibility and a supportive environment – the dual needs of older age.

Previous sections (2.9; 5.3) have shown that older people today are affected not only by personal change but by the rapid social and technological changes in the current century for which there is no precedent or tradition to help them cope. Drawing on Atchley's Continuity Theory (1983, 1989), where coping with change occurs most successfully in a context of continuity, this study has suggested the means by which the groups help their participants. Atchley applied his theory to the concept of ageing, seeing continuity as the key to wellbeing in older age:

Continuity does not mean that nothing changes. Rather, it means that new life experiences occur against a solid background of familiar and relatively persistent attributes and processes for both the self and the environment. *Continuity is an adaptive response to both internal and external pressures.* (Atchley, 1983, p. 249) (Italicised in the original)

Chapter Seven (7.4; 7.5) showed that participation in a peer-run group offers a continuation of satisfactions from previous lifestages, albeit in a somewhat different form. The second age of paid work and family responsibilities was replicated in the purposeful activity, the independence and control found in the peer-run groups. Opportunities in the groups for volunteering can help to satisfy the need to feel busy, useful and to contribute in a similar way to participation in the paid workforce. Simultaneously, other group characteristics looked back to the first age of childhood, finding expression in the strong support, the socialisation and acculturation to the new lifestage. The acceptance, friendship and the support available in the groups helps to create feelings of 'belonging' and 'mattering' - as important in old age as they are in the wellbeing of children and young people. In all cases, participation in a group was found to offer the reassurance of continuity in a time of significant life change.

The creator of Continuity Theory did not take the next step - the discovery of *how and where* change in the context of continuity can take place. This study's finding that the groups provide a continuity of characteristics from previous lifestages is offered as an explanation of how the

groups can help their participants cope with lifestyle changes - the transition from the age of paid work and the personal changes in the long years of the third age.

A previous section (2.8) discussed Hoyer & Roodin's (2003, p. 17) description of ageing as characterized by 'a great deal of intraindividual change and interindividual variability.' Research into the two types of older people's self-run groups discussed earlier (3.7.1), the Universities of the Third Age and the Men's Sheds, showed that they achieved their purpose of satisfying their participants' needs in very different ways, because they were catering for very different clients.

To satisfy their participants' needs the groups need to be flexible and responsive to the heterogeneity of experience and capacity among their members, and to cater for the long-term changes in individuals. The study suggests that the number and variety of groups found in the area is one response to the wide variety of needs, interests and capacities among older people. Practices within the groups designed to satisfy particular needs are another response. Observation of activities in the groups and comments from interviewees showed that the groups, probably without realising it, were putting Baltes & Baltes' (1990a) Selection, Optimisation and Compensation (SOC) strategy into practice. This strategy of choosing and concentrating on personal goals in order to maximise gains and minimise losses, and maintaining control through adaptation, is closely linked to older people's feelings of wellbeing.

The current study and the writer's previous research (MacKean, 2010; MacKean & Abbott-Chapman, 2012) have shown that for people in their third age, the situation is not one of 'either-or' but a need for both autonomy and support - characteristics that were linked above (7.4; 7.5) to 'second age' and 'first age' characteristics. The suggestion of the groups' dual role finds further support in Self-Determination Theory (Deci & Ryan, 1985, 2000) discussed earlier (7.3); where it was suggested that the groups play both a manifest and a latent role in their participants' wellbeing. Mostly their role is to provide opportunities for participants to do what they find interesting or important, but they can also provide support in times of 'disequilibria' (Deci & Ryan, 2000, p. 230), as the study found for instance in participants' accounts of their experiences of bereavement.

The issue for third agers is simultaneously to cope with and manage losses and to maximise the opportunities for a good life (Townsend et al., 2006). Participation in a peer-run group encourages older people to continue to exercise the rights and responsibilities of adulthood and to play their part in the group and in their communities. At the same time, by offering support and friendship to *all* their participants, the groups promote the social inclusion of the 'flawed citizens' (Conway & Crawshaw, 2009. p. 389) - those who struggle to cope without support.

The study suggests that the peer-run groups are examples of 'social spaces' (Biggs, 2014, p. 104) where older people's lifestage-specific roles can take shape far more satisfactorily than in a return to the paid workforce. By providing a balance between independence and dependence –an

interdependence - the ‘inclusionary space’ (Andrews, Cutchin, McCracken, Phillips & Wiles, 2007) of the peer-run groups plays a *unique dual role in promoting their participants’ feelings of wellbeing*.

### **8.3 The role of the groups as places of experiential learning**

Another significant finding in this study is that *learning* is an important tool in older people’s adaptation to their new lifestage, and an integral function underlying the activities in all the groups.

Previous research (MacKean, 2010; MacKean & Abbott-Chapman, 2011) into older people’s peer-run groups found that older people’s leisure activities, whatever they might be, all contain a learning component. Both the manifest function of the groups - to provide social and meaningful activities - and the underlying function of helping them adapt to and live successfully in their new lifestage presuppose the need to learn new knowledge, skills and attitudes. That research found that in addition to the specific skills learned in the specialist group, other learning experiences emerged: how to tackle a new project and gain confidence; freedom to choose a particular activity, to sample new activities and a variety of experiences, and enjoyment of the whole process.

The current study of participants in a range of groups confirms the previous finding of the learning component in leisure group activities, and this finding is consistent with studies of older adults’ learning. A study in England (Jenkins, 2011) using quantitative data from the English Longitudinal Study of Ageing (ELSA) found a link between learning and the subjective wellbeing of older adults. In particular, ‘leisure activities’ such as music and the arts were significantly associated with changes in each of the measures of subjective wellbeing, far more than formal courses. Qualitative studies in the United Kingdom and Canada using in-depth interviews (Withnall, 2009; Narushima, 2008) both found that older people’s participation in learning had a range of benefits which included increased wellbeing. A further study in Canada, Narushima et al. (2013) also found a link between learning and self-perceived health, particularly for those taking part in learning over a long period, even though many participants reported chronic conditions and functional difficulties.

The current study adds further to the findings on learning experiences in older age: that participation offers opportunities to learn to live well in the third age, through observation of others such as leaders and other role models, through adaptation and the practice of new skills in a supportive peer environment. This learning is important for coping not just with personal change, but with the rapid environmental and technological change now dominating life today.

The style of learning found in the peer groups – informal, participatory, interactive, recognising and respecting participants’ life experience and differing capacities – was found to be appropriate to the learning of life skills and the sharing of ‘knowhow’ and other coping strategies with others in the group. The *experiential learning* of how to cope with change and

live successfully in the third age is absorbed unconsciously from observing and from informal contact with others.

The learning experience in a group will vary depending on the participants. Returning to the two types of older people's groups discussed earlier (3.7.1) this study has shown that the people who decide to join a University of the Third Age do so specifically for the learning opportunities (Hebestreit, 2008). But the extensive research into Men's Sheds in Australia and elsewhere (Golding et al., 2007; Nurmi et al., 2016) finds that 'learning' is played down, for instance there were no references to learning found in the names of the sheds, probably because many of the prospective members were older men who were likely to have had negative experiences of formal education. Nevertheless, studies of Men's Sheds have shown what an important role learning plays in the wellbeing of its participants (Golding, 2009).

The finding in the current study that there is a learning component in *all* the peer-run groups is significant in the current climate of government priorities and the cutbacks on support for adult learning and other preventive health measures. This study has pointed out that older people's opportunities to learn have been seriously curtailed in recent years, with the shift in emphasis, and funding, to retraining older people to remain or return to the paid workforce. Similar funding restrictions in Canada and consequent steep increases in fees have been shown to create a 'learning divide' based on people's ability to pay rather than on their learning needs in older age (Narushima, 2008).

This study of the groups supports the proposition that *all* older people are capable of learning – if they are offered learning experiences that they see as relevant and useful to their lives and if the style of learning is one they find appropriate and appealing.

#### **8.4 The role of older people's peer-run groups in the community**

The study also shows that the groups can play a number of different roles in the wider community. The most prominent role is to act *as a hub and a meeting place* for members of the local community. This is particularly important for older people, who are very likely to be at risk of social isolation (Bowling et al., 2003; Jang et al., 2004). The findings show that all the interviewees gave their need for social interaction as a reason for deciding to join a group (Table 5.1).

The study has demonstrated the role the groups play in their participants' wellbeing. It is suggested that they can also act as a *resource of self-perceived health*. It was shown earlier (2.5.2) that health policies for older people in Australia recognise the prevalence of chronic conditions and also that lifestyle choices play an important role in preventative health. Findings on the satisfactions the participants derived from the groups showed that participation gave them busy, enjoyable and meaningful experiences, and that observing others in the group and the wish to conform to the group cultural norms could help them take a positive attitude to their own problems.

Older people's groups can also play a role as *a conduit of information and cooperation* between the participants, their communities, and the authorities. One role found in the study is to give official speakers opportunities to inform an age cohort on relevant issues. Programs put out by the 'talk' groups like U3A, School for Seniors and Probus show that health promotion organisations (e.g. Cancer Council, Heart Foundation) take advantage of the opportunity to speak to a discrete group on issues relevant to their age cohort. The groups also host official speakers on welfare issues of importance to older people, such as pensions and home care services.

Information and advice can also flow the other way. Health services in particular have been shown to be increasingly making use of consultation and collaboration with those most likely to be affected by a policy or practice, finding that public participation, input and feedback make a valuable contribution to the success of health programs. An American study (Beattie, Whitelaw, Mettler & Turner, 2003) found that:

Community-based organisations serving older adults are uniquely positioned to augment health care providers, health promotion counseling activities and to bridge the gap between the research and practice of health promotion in older adults. (2003, p. 200)

In a study of community-based health interventions, Revenson & Schiaffino (2000) found that if community groups were involved in an advisory role in designing and implementing programs, it was more likely that: 'programs will reach their populations as originally designed, that both individual and societal change will occur, and that transfer of ownership of the interventions to community groups is smooth' (p. 478).

Peer-run groups, either directly or through individual members, can also help to convey information and advice between different bodies. An example was discussed in Chapter Two: the Positive Ageing Consultative Committee working with the State Government to create the Tasmanian Positive Ageing Plans. There are also the various advisory committees which convey community feelings and needs to the Clearview municipal council.

The literature has many examples of older people and their groups engaging in *community projects* (Dalziel & Willis, 2015; Lear, 2011). For instance there is a growing movement worldwide to promote participation in the arts as a proven benefit to older peoples' psychological wellbeing and physical health (Staricoff, 2004; Mulligan et al., 2008). Group participation in the arts has been shown to be of particular benefit to older people's feelings of competence and wellbeing (Pike, 2011; O'Shea & Ni Leime, 2012).

A local community project in the Australian state of Victoria, The Improved Liveability for Older People in Small Towns ILOP project (Government of Victoria, 2012) involved collaboration between many different bodies, including local clubs and organisations, health services and municipal councils and started with consultation and engagement with more than

3,200 older people. The scheme delivered over 190 separate projects, including Men's Sheds and classes in fitness, lifelong learning and other topics to benefit older people.

The culture and context of the peer-run groups provide a space for engagement where members can develop reciprocal trusting relationships based on repeated interaction and information sharing (Fine & Harrington, 2004), so they can act as a *reservoir of social capital* that can be drawn on by the wider community.

This study has identified several characteristics peculiar to older people which can add a special and unique value to their communities. One is *generativity*: the feeling of broad responsibility to other generations, to preserve and hand on what is of value in the culture and the environment. Another is *knowhow*, or *practical wisdom* based on a lifetime of experience. The study found examples of group participants using their skills and experience in their communities. It is suggested there is an untapped reserve of social capital among older people in the community.

Another community role for older people's groups is as a *training ground and potential recruiting place* for older people and their groups to take part in wider community activities, as volunteers, mentors, advisers and experts. Research has shown that volunteering in one organisation or activity can lead to volunteering in other spheres too (Mutchler et al., 2003; O'Neill, Morrow-Howell & Wilson, 2012). Fine & Harrington (2004) argue that participation and proliferation of groups contribute to social and political health, because small-group membership breeds more small-group membership: 'Participation leads to the desire to continue involvement ... Satisfying group involvement justifies further involvement in communal ventures' (p. 350).

This was found in the current study: talking to others in the Cancer Auxiliary led Audrey to volunteer to help in the work of a national charity; Noreen's church-based group took on a weekly soup and sandwich run for the homeless; members of Bob's Probus group started a mentoring service in their local primary school. The writer's experience of running a group made her aware of the need for older people to be represented on committees organising adult education.

The role of community volunteer is not for everyone; for older people at least, too great an emphasis on community engagement can create a further dilemma. Research in the United States (Smith, 2004) found that Americans entering retirement were subjects of societal expectation to volunteer and take on active engagement in their communities. As a result there was often a feeling of tension between the fulfilment of duty to the community and what the older people saw as a duty to themselves (Savishinsky, 2000). The interviews with service providers in the current study pointed out the difference between older people's groups and work-based organisations in their aims and practices, and the groups' focus on their own activities - '*The group that they form is just – they want it that way*' (SP 6).

## 8.5 The role of the third age in 21<sup>st</sup> century society

In the process of exploring one aspect of older people's wellbeing, this study has discovered a number of roles for the peer-run groups beyond the all-important role of promoting and sustaining their participants' wellbeing.

As manifestations of a collective third age cohort, peer-run groups will, it is suggested, continue to play a role in the lives of their participants in the future, as rallying points for action, as refuges, and as learning spaces. The third agers of the future will continue to seek the same universal satisfactions of friendship, purpose and meaning. However long their old age is postponed, people will eventually grow old, lose capacity, change their interests, and seek new satisfactions. The issue facing future generations of third agers is – how to live as citizens and continue to participate in their society. The issue facing governments everywhere is – how best to include these older citizens in the commonweal. What contributions can they be expected to make? And what institutions and policies will need to change to accommodate the new and growing third age cohort?

The dilemma of how much is or can be expected from third agers appears to occur partly because of the authorities' attitude to older people. This is the 'peril' discussed in Chapter Two that motivated such policies as Positive Ageing, where authorities appeared to see third age community responsibilities as the same as those of the second age, ignoring or discounting the other identified need in older age – for care and support. The danger in consequence, as Conway & Crawshaw (2009) point out, is that over-emphasis on older people's autonomy and civic duty can create an underclass of 'flawed citizens' (p. 389) who from disinclination or diminished capacity are unable to maintain their full independence and active involvement in the wider community. For those older people who do not want or feel capable of playing an active part in their community, such as the elderly members of the Probus group, participation in a supportive group of their peers becomes their refuge, supplying all they need and all they can manage, even if *'they just sit there!'*

The various government policies - Positive Ageing, Successful Ageing, Active Ageing, and the most serious threat to the concept of the third age, Productive Ageing – all promote older people's wellbeing as part of their agendas, but Estes, Biggs & Phillipson (2009) found that they all 'problematise' older age. Even with the best intentions, they are agendas developed by governments to promote their ideas of what older people 'ought' to be doing and feeling. Borowski, Encel & Ozanne (2007), writing about longevity and social change in Australia, point out that demographic change has led to: 'An increasing emphasis on the possibilities of a healthy and productive life in later age. It is even claimed that active, successful and productive ageing has taken on a "moral significance"' (p. 10). Holstein & Minkler (2003) comment on the divisiveness of the Successful Ageing concept:

Normative terms such as successful aging are not neutral; they are laden with comparative, either-or, hierarchically ordered dimension. Unfortunately too many people – most often the already marginalized – come up on the wrong side of the hierarchy and the either-or divide. (p. 791).

Biggs & Kimberley (2013) discuss the risks to identity in current social policies and point out that policies that see the answer to global demographic ageing as the prioritising of paid work are ‘legitimising identity in later life through a narrowed perspective’ (p. 287). They call this ‘social ageism’, used ‘to denote the dominance of one age group’s priorities over another’s’, to the extent that the existence of the third age is discounted or ignored altogether:

Rather than evidencing a cultural lag between old and new forms of ageing (Riley et al, 1994), it is argued that current policies attempt an erasure of any transition, thus replacing age-specific with generic life priorities. (Biggs & Kimberley 2013, p.288)

In contrast, the United Nations approach, stressing the human rights basis of Active Ageing policies (WHO, 2002, p. 17), advocates a *balance* between personal responsibility and a supportive environment. This can be seen as a tacit recognition of the new ‘third age’ lifestage between paid work and dependence, Laslett’s (1991) second and fourth ages. But the United Nations approach is not often reflected in practice (McHugh, 2003; Foster & Walker, 2015).

The findings in the current study and in other studies of older people’s opinions of their ageing take a very different view of their age identity. The 35 group participants had an average chronological age of 74 at the time of their interviews. So the majority are in the cohort sometimes called ‘Frugals’ or ‘Pioneers’, that is, the children of the Great Depression and World War Two. They are also in one of the early cohorts to experience the effects of living for a longer active period than ever before in the lifestage after leaving paid work and a lessening of family responsibilities that Laslett (1991) called the third age. Inquiry in the course of the interviews ascertained that they were maintaining fair to good health, living in their own homes, leading quite active lives, having connections with family and friends, belonging to several community groups and involved in the wider community. All the men and almost all the women had been in the paid workforce.

The study findings also show very clearly that the group participants interviewed had no intention of returning to the paid workforce. They saw themselves as having moved into a new life stage; their lives were focused on the present and on learning to cope successfully with the future. None of the service providers, in speaking about their work with older people, suggested that a return to paid work was appropriate to the new lifestage. So, in spite of a 27 year chronological age spread, all the interviewees were living in their *third age*.

Baltes & Carstensen (1996), writing about the process of successful ageing, recognise the heterogeneity of older people in their definition of ‘success’ as ‘the attainment of goals which can differ widely among people and can be measured against diverse standards and norms’ (p.



399), depending on what an individual considers important, personally meaningful and in which he or she feels competent. Studies cited earlier (2.12.1) further illustrate the difference in views of success in ageing. In their study in America of self-rated successful ageing, Montross et al. (2006) found that 92% of the community-dwelling older adults in their study rated themselves as ageing successfully. Another study (Parsons et al., 2014) found people were taking a realistic view of their old age, as made up of both advantages and disadvantages.

This study suggests that too great an emphasis on the definition of ‘wellbeing’ as active involvement can raise expectations that are unlikely to be fulfilled in the ups and downs of daily living. Laslett’s view of the third age as ‘the age of personal achievement and fulfilment’ (1991, p.4) should perhaps be seen as a goal rather than a daily reality. Setting the ‘wellbeing’ bar too high, as implied in the various Positive Ageing policies, can exclude many older people. Wellbeing in the third age involves support as well as independence.

## **8.6 Implications of the study**

It is beyond the scope of this study to expound on the whole future of ageing policy. The study has focused on one under-researched topic, the role of older people’s peer-run groups in promoting the wellbeing of their participants. Drawing conclusions from the findings and discussion, this section now offers suggestions for policies and practices that could further promote older people’s wellbeing.

There also indications in the findings of the need for further research into the experience of ageing, particularly in the new and growing third age lifestage. These suggestions are now outlined.

### ***8.6.1 Suggestions for policies and practices promoting older people’s wellbeing***

Analysis of the findings offers three suggestions of policy and practice for the present and future wellbeing of older people.

1. It is suggested that policies on ageing should adopt the approach suggested by the proponents of the ‘promise’ approach (Biggs et al., 2012), that is, to recognise *the third age* and its particular characteristics and to include third agers as a positive force in the community. There is a need to acknowledge the existence of the third age as a phenomenon distinct from the second age of paid work and the fourth age of dependence, and to explore the potential of third agers to contribute *in their own way* to the common good.

2. In particular, policy and practice could recognise the role the *third age peer-run groups* can play in promoting the wellbeing of this growing sector of society. Acknowledging the value of the groups involves giving them recognition, and assistance where needed with the essential fourth enabling factor, the resources they cannot afford for themselves, *but without encroaching*

*upon the characteristics that make them uniquely suited to their role of satisfying their participants' needs.*

The findings on the changes over time and among individuals in the transition to the new life stage and in the long continuum towards old age have shown that third agers have *dual needs – independence and support* – in different measures and different situations, and often at the same time. The culture in the peer-run groups already recognises and caters for this dual need; it could be adopted more strongly than at present as a principle in the policies and practices for older people's wellbeing, and applied more widely so as to promote *all* older people's continued wellbeing.

The recognition of the peer-run groups needs to be part of an ongoing policy. Groups are dynamic entities that grow, flourish and fade (Forsyth, 2004; McGrath et al., 2000), and groups with a membership of older people are particularly vulnerable to personal change. However, one thing will not change even in an era of longer life expectancy: eventually, everyone grows old and will need to learn how to age successfully on their own terms in the society in which they live. The findings of the current study strongly suggest that this experiential adjustment to new circumstances is likely to be achieved most successfully in the company of their peers.

3. The findings on the *learning* in the peer-run groups have implications for policy and practice. Their dismissal as merely providing 'leisure activities' is to misunderstand their underlying purpose – the promotion of their participants' wellbeing through opportunities to learn. In a study of the benefits of learning in older age, Narushima et al. (2013) argue that the finding of the link between learning, wellbeing and health has:

Political and practical implications for policy makers in public health, education, recreation, social work, occupation therapy and other related fields, specifically because it demonstrates the significant role of publicly supported education and recreational programs in local communities as a social determinant of health among older adults. (2013, p. 247)

This brief quotation includes several valuable pointers for ageing policy. First, Narushima et al.'s (2013) list of the different policy makers who should be involved in supporting 'educational and recreational programs' points to the need for a holistic view of policies and practices in relation to third agers and their groups, and a different, concerted approach to their wellbeing. Second, on the value of 'recreational' programs in older people's wellbeing, research studies (Narushima, 2008; Jenkins, 2011; Adams et al., 2011) and the current study stress the importance of 'leisure activities' to older people's feelings of wellbeing. Third, Narushima et al. (2013) suggest that the programs should be 'local'; the current study found that ease of access to activities was important to older people, and that local government had a role to play in providing for the needs of the groups for convenient places to meet. Finally, Narushima et al. see learning as a

significant social determinant of older people's health; this has important implications for support of the peer-run groups as a preventive health measure.

This study argues that agencies responsible for policy and practice on health, ageing and learning, and for older people's general welfare, all have some responsibility to support the peer-run groups. To consult with them as to their needs. To recognise that their culture and characteristics make them an effective means of maintaining older people in their active independent third age at very little cost to participants or the community. To leave them to do what they do best in their own way. These groups are, after all, being run by responsible adults.

Two encouraging examples of a positive and fruitful relationship between an authority and self-run groups have been cited in this study. One was the local municipal council, which was shown to take a positive view of its responsibilities towards its residents, supplying people and groups with the resources they need while respecting and consulting them as 'expert citizens' (2.7; 6.7.1). The literature review discussed another positive example of a relationship between authority and peer-run groups – government health services and peer-run mental health groups (3.9.1). The relationship was described as a 'slow and deliberate process that involved close collaboration' (Swarbrick, 2007, p. 77), with the desired result of increased wellbeing of the group participants.

#### ***8.6.2 Suggestions for further research***

The findings from this study point to a number of areas which could be further explored or tested with researchers concerned with the experience of ageing, particularly those in the third age. The following points give an outline of what I consider to be important areas needing further theoretical and methodological attention and consideration.

- It was noted earlier that the topic of third age peer-run groups is under-researched apart from studies of two specialist groups, Men's Sheds and Universities of the Third Age, and the writer's previous and current research. It is suggested that the topic is sufficiently important to the wellbeing of older people now and in the future to justify further exploration.
- There is a need to examine similar groups in other cultural and geographical areas for commonalities and differences, seeking universal findings on the role of participation in older people's lives and the contribution to their feelings of wellbeing, and on the characteristics of the groups that enable them to fulfil the role of supporting their participants.
- There is a lack of evidence exploring in detail the preventive health benefits of group and peer-group participation.
- This study found that outside assistance was essential to the function of the groups. There is scope for much wider research into this topic:

Which organisations currently are providing assistance or might be expected to do so, and how do they regard their obligations?

What kind of assistance do community groups need and in what form; how do they regard their acceptance – as a right, as a threat or as a generous and politic act?

- This study was fortunate to be conducted in a municipal area where the local authority recognises and supports local initiatives including their support for older residents and their groups. In view of the finding that older people generally look for solutions near their own home or in their local community, further study of the work of local authorities in Tasmania and elsewhere, the barriers and the possibilities, could be a valuable tool for local authorities and their communities everywhere. For instance, grassroots movements such as the one organised previously in the research area (2.6.1) could be encouraged in local communities, to persuade and convince authorities of the importance and value of recognising the particular qualities of the third age, and to discuss the contributions that third age groups can and do make to their communities, society and the economy.
- There is a growing movement towards the recognition of the value of arts in promoting health and wellbeing which could be explored in relation to peer-run groups as well as more generally as a valuable policy of preventive health.
- There appears to be little research in Australia into the potential role of the schools and the centres of higher education in promoting older people's learning, involvement as mentors etc. Research into the Extended Schools programs in the United Kingdom could be used to explore greater use of existing education facilities by other would-be learners.
- There is scope for wider and deeper research into ageing and the future of the third age: in-depth qualitative studies including ethnographic studies, and case studies. Longitudinal research, such as the Harvard study of adult development in the 20<sup>th</sup> Century (Vaillant, 2002), could explore ageing in the 21<sup>st</sup> Century.

## **8.7 Limitations of the study**

The study has temporal, geographical and numerical limitations. Research was confined to a single interview with each participant and one questionnaire to the groups, giving a 'snapshot' view rather than a longitudinal perspective. The study was conducted in one geographical and cultural area, the state of Tasmania, which was shown earlier (2.6) to differ in several ways from

the mainland states of Australia. The municipality chosen as the study area is a long-established and stable community. There were no ethnic, racial or language issues in the study sample.

The questionnaire was sent only to community groups listed in *The Get Going Guide* 2010, that is, groups in the local area that identified themselves as older people's groups. Selection of interviewees was purposive (Freebody, 2003; Green & Thorogood, 2014), so the findings reflect the views of current group members and service providers employed in relevant occupations.

The study focused on one aspect of older age - participation in a peer-run community group - and one cohort – the post-paid-work or third age. In view of these limitations, the findings and conclusions can only be suggestive, needing further research to discover whether the study findings are more generally applicable to other populations and settings.

### **8.8 Strengths of the study**

This thesis was written to shed light on the experience of ageing from the perspective of those who are living it. It has focused on one aspect of older people's lives, seeking answers to the question posed in the Foreword: *Why do older people join groups?*

The study has contributed to our knowledge of older people's wellbeing by exploring *where, when and how* they can find opportunities for positive experiences – by participation in the peer-run groups. It has put forward a case for greater recognition of the positive role that these groups can play in the lives of their participants, and it has noted other roles that third agers and their groups can and do play in the wider community.

**The generational cohort of people living long, active, and independent lives beyond the paid workforce is now a reality. By examining one aspect of their lives, their participation in peer-run groups, this study has sought greater knowledge and understanding of the third age. The findings aim to contribute to new policies and practices in health, education and social welfare that will recognise the third age as a distinct life stage, give it support where needed, and acknowledge and make use of its unique contributions to society.**

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*Vivant seniores*

## APPENDIX

### **1. Survey questionnaire to groups in the research area**

#### **University Department of Rural Health Letterhead**

**1. NAME** of your group/club/organisation \_\_\_\_\_

How long has your organisation been going? \_\_\_\_\_ years.

### **2. ACTIVITIES and SERVICES:**

Which category best describes your group's activities? *Please circle:*

*Sport/Physical Recreation    Handcrafts    Hobbies and Interests*

*Organised Learning    Seniors Group    Volunteering    Support/mutual help*

**Please list the group's main activities:** \_\_\_\_\_

Do you provide **other services/activities**? *Please circle:*

*Tea/coffee    Excursions    Christmas lunch    Other (details)*

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### **3. THE ORGANISATION:**

**Who organises the group and its activities?** *Please circle:*

*Elected committee    Paid organiser    Group members    One individual*

*Other (details)* \_\_\_\_\_

**Does your group receive any support from another organisation?** YES    NO

If YES, please specify: *Church    Local Council    Neighbourhood/Community House*

*Service organisation (eg Rotary)    Other* \_\_\_\_\_

If YES, what support or help does your group receive? *Please circle:*

*Subsidised/reduced rent    Office assistance    Transport    Grant/allowance*

*Other (details)* \_\_\_\_\_

**What are the main costs of running the group?** *Please circle one or more:*

*Rent of premises    Insurance    Purchase of materials    Transport    Other* \_\_\_\_\_

**What are the group's sources of income?** *Please circle one or more:*

*Payments/subscriptions by members    Grants    Subsidies    Donations    Other* \_\_\_\_\_

#### **4. MEMBERSHIP:**

**How many members in the group?** \_\_\_\_\_

How many generally participate per meeting? \_\_\_\_\_

How many members are past retiring age? Men: \_\_\_\_\_ Women: \_\_\_\_\_

**Are there different categories of membership?** YES NO

If YES, what categories? Full member Social member Life member Other \_\_\_\_\_

**How are new members recruited?** *(please circle one or more)*

Word of mouth Advertisements Brochure/newsletter Other \_\_\_\_\_

**Costs:** How do members pay? Per session Subscription Donation Other \_\_\_\_\_

Cost per session \$ \_\_\_\_\_ Subscription \$ \_\_\_\_\_ Other costs (eg materials)

#### **5. MEETINGS:**

**How often does the group meet/ how often are the activities provided?** *Fill in or circle:*

Day(s) of week: \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

**Where does the group meet?** \_\_\_\_\_

**Does the meeting place suit your members' needs?** (rooms, amenities eg kitchen, parking, toilets, wheelchair access, office equipment, cost etc.) Your comments, please:

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#### **6. YOUR COMMENTS, PLEASE:** *(Membership, Achievements, Issues, Costs, Prospects for the future)*

*Thank you for your help. Your responses will remain confidential but will be used as part of a survey of older people's organisations. Please return the completed form in the stamped addressed envelope enclosed. And if you have a brochure or newsletter, I'd be grateful if you would include a copy.*

**Any queries or concerns? Please contact me, Rowena MacKean,  
on 6244 5172**

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**7.** I am keen to follow up this survey by interviewing current and past members of selected older people's organisations. If your organisation would be willing to forward my invitation to take part to your members, please fill in the details below:

**This organisation is willing forward an invitation to members to take part in an interview** YES NO

Signed \_\_\_\_\_ Position \_\_\_\_\_

Contact person \_\_\_\_\_ Phone/email \_\_\_\_\_

## **2. Information sheet for interviewees, group participants**

### **UNIVERSITY DEPARTMENT LETTERHEAD**

#### **Staying Connected: Investigating Peer-run Community-based Organisations and their Contribution to Older People's Perceived Health and Wellbeing**

#### **Information sheet**

You are invited to take part in a research study into older people's opinions of their participation in community-based organisations. The study is being conducted by Rowena MacKean, a PhD. Student in the Department of Rural Health, University of Tasmania.

#### **The purpose of this study**

The purpose is to explore older people's views on participation in community-based organisations run by and for older people, particularly on how they see its impact on their health and well-being. Results of this study will be used as a guide to find ways to encourage older people's participation in mental, physical and social activities.

#### **Why you are invited to take part**

The people I would like to talk to will be aged 65 and over, living in their own home, and regularly involved in activities (such as belonging to a community organisation, or meeting others to share knowledge and skills).

#### **What your participation will involve**

If you choose to take part in the study, you will be interviewed about your experiences of taking part in a community group, including your views of any benefits to your health and wellbeing you feel you might have experienced. The interview will take about an hour, at a time and place that is convenient to you.

It is important that you understand that your involvement in this study is voluntary. I respect your right to decline, and if you decide to discontinue participation at any time, you may do so without providing an explanation. I am happy to send you a transcript of your interview, if you would like the opportunity to review any errors of fact or misunderstandings. On completion of my study, I shall be sending a summary of the results to [recruiting organisation] for distribution to those who are interested.

All information will be treated in a confidential manner, and your name will not be used in any publication arising out of the research. All of the research will be kept in a locked cabinet in the office of University Department of Rural Health. All raw data used in this study will be destroyed five (5) years after completion of the study. Hard copies will be shredded and the electronic version removed and deleted from all computers. There are no foreseeable risks to participants in the project.

If you would like to discuss any aspect of this study please feel free to contact either Rowena MacKean on ph 6244 5172 or the Chief Investigator Dr Peter Orpin on ph 6226 7344. You are welcome to contact us to discuss any issue relating to the research study.



This study has been approved by the Tasmanian Social Science Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study should contact the Executive Officer of the HREC (Tasmania) Network on (03) 6226 7479 or email [human.ethics@utas.edu.au](mailto:human.ethics@utas.edu.au). The Executive Officer is the person nominated to receive complaints from research participants. You will need to quote H0012223.

**If you wish to take part, please contact Rowena MacKean.  
This information sheet is for you to keep.**

.....

**3. Consent form - Group participants and service providers**

**UNIVERSITY DEPARTMENT LETTERHEAD**

**Staying Connected: Investigating Peer-run Community-based Organisations  
and their Contribution to Older People's Perceived Health and Wellbeing**

**Consent form**

1. I have read and understood the Information Sheet for this study.
2. The nature and possible effects of the study have been explained to me.
3. I understand that the study involves the following procedures: answering questions in an interview on my participation in the organisation through which I was invited; the interview will be taped to avoid reporting errors; the procedure will take about one hour, at a time and place convenient to me.
4. There are no foreseeable risks to participants.
5. I understand that all research data will be securely stored on the University of Tasmania premises for at least five years, and will then be destroyed.
6. Any questions that I have asked have been answered to my satisfaction.
7. I agree that research data gathered from me for the study may be published provided that I cannot be identified as a participant.
8. I understand that my identity will be kept confidential and that any information I supply to the researcher will be used only for the purposes of the research.
9. I agree to participate in this investigation and understand that I may withdraw at any time without any effect, and if I so wish, may request that any data I have supplied to date be withdrawn from the research.

**Name of Participant:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Statement by the Investigator:**

I have explained this project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation. The participant has received the Information Sheet where my details have been provided so that participants have the opportunity to contact me before consenting to participate in this project.

Name of Investigator: Rowena MacKean

Signature of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

.....

**4: Interview Schedule: Group Participants**

**Name of organisation:** \_\_\_\_\_

How did you come to join? *Probe:* where did you hear about it?

Why did you join? *Probe:* satisfactions

Has it given you what you were looking for?  
*Probe:* in what ways? If not, why not?

What do you think [organisation] does well? What, if anything, less well?

How long have you been a member?  
Can you think of any reasons you might stop coming?  
What would you miss if you weren't coming?

Do you contribute to the group in any sort of leadership or helping role?  
Please tell me what you do and why you do it.  
What do you like/not like about doing it?

How do you see the future of the group? What issues are involved?  
*Prompt:* membership/recruitment. Activities. Meeting place. Cost. Outside support.  
Of the issues you've mentioned, which do you think are most important to ensure success?

Do you belong to any other groups or organisations?  
*Prompt:* church volunteering other interest sporting group

Which ones are run *by* older people *for* older people?

Have you found that voluntary groups run by and for older people have a different approach to meeting their members' needs than those that are run by other kinds of organisation?  
If so, in what ways do they differ?

What other social contacts do you have? *Prompt:* family friends  
How often do you see them? Are you happy with that?

In general, would you say your health has been:

Excellent      Very Good      Good      Fair      Poor  
*Probe:* major conditions

Has being a member of community organisation(s) had any influence on the way you feel about your health and wellbeing? In what ways?

.....

### **5. Information sheet for service providers**

#### **Staying Connected: Investigating Peer-run Community-based Organisations and their Contribution to Older People's Perceived Health and Wellbeing**

##### **Information sheet**

You are invited to take part in a research study into older people's opinions of their participation in community-based organisations. The study is being conducted by Rowena MacKean, a PhD. Student in the Department of Rural Health, University of Tasmania.

##### **The purpose of this study**

The purpose is to explore older people's views on participation in community-based organisations run by and for older people, particularly on how they see its impact on their health and well-being. To this end the views of professional workers in relevant service organisations will also be sought. Results of this study will be used as a guide to find ways to encourage older people's participation in mental, physical and social activities.

##### **Why you are invited to participate in this study**

The people I would like to talk to will be professional workers in service organisations concerned with older people in Clarence.

##### **What your participation will involve**

If you choose to take part in the study, you will be interviewed about your experiences of working with and on behalf of older people in Clarence. The interview will take about an hour, at a time and place that is convenient to you.

It is important that you understand that your involvement in this study is voluntary. I respect your right to decline, and if you decide to discontinue participation at any time, you may do so without providing an explanation. All information will be treated in a confidential manner, and your name will not be used in any publication arising out of the research. All of the research will be kept in a locked cabinet in the office of University Department of Rural Health. There are no foreseeable risks to participants in the project.

If you would like to discuss any aspect of this study please feel free to contact either Rowena MacKean on ph 6244 5172 or the Chief Investigator Dr Peter Orpin on ph 6226 7344. You are welcome to contact us to discuss any issue relating to the research study.

This study has been approved by the Tasmanian Social Science Human Research Ethics Committee. If you have concerns or complaints about the conduct of this study should contact the Executive Officer of the HREC (Tasmania) Network on (03) 6226 7479 or email [human.ethics@utas.edu.au](mailto:human.ethics@utas.edu.au). The Executive Officer is the person nominated to receive complaints from research participants. You will need to quote H0012223.

**Thank you for taking the time to consider this study.**

**If you wish to take part, please contact Rowena MacKean.**

**This information sheet is for you to keep.**

.....

## **6. Interview schedule - Service providers**

*INTRODUCTION: Research into older people's self-run groups, in particular whether belonging to a group affects members' feeling of health and wellbeing. I talked to group organisers about their relationships with other organisations (yours was mentioned). I'd like to talk to you about your experiences with older people's groups.*

1. Tell me about **your organisation**: Do you/your organisation have any contact/ engagement with **older people's community groups**?

Which groups? in what ways?

Probe: Why? Purpose of contact (Information. Assistance. Resourcing. Other)  
Connection with policy of organisation.

2. In your engagement with older people's community groups, **what have you observed about them**?

Probe: The activities. The atmosphere. The meeting place. Group (aims).

**3. How are the groups run?** How well do they work?

Probe: for the members. For your engagement with the group.

4. (From your experience), would you say that belonging to a group can affect how older people **feel about their health and wellbeing**? Why do you say that?

5. (From your experience in this field), have you developed any **insights** that would be helpful in my study of these groups?

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